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**AN EXPLORATION OF THE PERSONALITY CHARACTERISTICS AND  
ADVERSE CHILDHOOD EXPERIENCES (ACES) OF NON-OFFENDING  
MOTHERS.**

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**Thesis submitted to the University of Nottingham for the degree of  
Doctor of Forensic Psychology**

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## **Abstract**

*The non-offending partner (NOP) in cases of intrafamilial child sexual abuse has received limited empirical attention in comparison to the considerable body of literature examining victims and perpetrators of child sexual abuse and even less focus has been drawn to NOPs in cases of non-sexual familial abuse. There is growing evidence that demonstrates that non-offending mothers, more generally, experience significant loss and trauma following the discovery of their children's sexual victimisation by a family member, particularly where the perpetrators are their partners. An understanding of the non-offending mother's experience is crucial to guiding statutory agencies and therapeutic interventions when working with these families. Therefore, the aim of this study was to address the gap in the existing literature, by conducting exploratory investigations of the personalities and adverse childhood experiences of a specific group of non-offending mothers (NOM) of not just children who have been sexually abused by the mother's partner, but who have experienced all kinds of abuse. It was hoped that findings might inform treatment targets and practices for the mother during recovery journeys of families, post-disclosure. The presented studies used retrospective data, gathered from assessments conducted for child care proceedings and comprised of two stages; in the first stage, the area of NOMs' personality was revisited and updated from existing literature, seeking to address gaps identified from a systematic review. The second stage of the study utilised this personality information, but looked at it more functionally, pairing it with information regarding Adverse Childhood Experiences (ACEs). The findings of the studies confirmed the heterogeneity of the NOM population, where experiences differed across cases, but where there was a high volume of adversity in the childhoods of NOMs, nonetheless. Although similarities could be drawn with certain personality characteristics being more commonly present, such as social disinhibition, resentment, and anxiety, a significant 'type' of NOM was not identified. Further, it was recognised from the outset that the specificity of the NOM group within the overall NOP population narrowed the applicability of any findings. To conclude the research, a critique of methods used to assess NOM support following their child's disclosure was conducted. The overall findings, limitations and implications were compiled and discussed.*

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# **Chapter 1 - Introduction**

## *1.0 Background*

The area of child sexual abuse (CSA) is widely researched, with particular focus on the cause, and the effect for the child victim, as well as the psychological characteristics of, specifically, child sexual offenders (e.g. Hall & Hirschman, 1992; Hanson & Bussière, 1998; Knight & Prentky, 1990; Manderville-Norden & Beech, 2009; Marshall & Barbaree, 1990; Ward & Siegert, 2002). Comparatively little has been written about the psychological attributes of the partners of abusers, who are also the mothers of the child victim (NOMs), despite them being recognised as a secondary victim (Philpot, 2008) when the abuse is intrafamilial.

Historically, the focus of clinical, empirical, and theoretical literature relating to intrafamilial child abuse, has concentrated on fathers as perpetrators of sexual abuse against their daughter victims. The NOMs' perceived role in contributing towards the onset, development, and maintenance of the abuse within the family has been subject to continued scrutiny and analysis (Hooper & Humphreys, 1998; Joyce, 1997; Thompson, 2017). In particular, the early literature largely relates to blame-placing on the mother with assertions of maternal culpability, by way of collusion and complicity (Kaufman, Peck & Tagurini, 1954; Hersko, Halleck, Rosenberg, & Pacht, 1961; Tamraz, 1996; Rascovsky & Rascovsk, 1950; Zuelzner & Repos, 1983). Such studies frequently suggest that maternal collusion exists through conscious and unconscious processes serving to precipitate and perpetuate the abuse, typically through denial mechanisms (Bolen, 2003).

In order to revolutionise the understanding of NOMs, through more empirically supported methods, research into this population has demonstrated particular interest and emphasis on the maternal childhood histories, their psychological characteristics and functioning, and the maternal post-disclosure response (Crawford, 1999; Elliott & Carnes, 2001).

## *2.0 Existing Literature*

As stated above, the impact of CSA on child victims has been the subject of extensive focus. Whereas the empirical investigation of the impact of

intrafamilial CSA on non-offending caregivers remains in its relative infancy. In the 1990s, researcher attention was turned to exploring the psychological impact of intrafamilial CSA on non-offending mothers and it was increasingly discovered that these mothers also experience significant loss, trauma, and emotional distress in the aftermath of their child's disclosure (Cyr, McDuff, & Hebert 2013; Davies, 1995; Deblinger, Hathaway, Lipmann, & Steer, 1993; Deblinger, Stauffer, & Landsberg, 1994; Friedrich, 1991; Hiebert-Murphy, 1998; Kim, Noll, Putnam, & Trickett, 2007; Lewin & Bergin, 2001; Manion et al., 1996; Newberger, Gremy, Waternaux, & Newberger, 1993).

Much of the subsequent focus has centred on the individual characteristics and post-disclosure response of the NOMs, with particular attention to the non-offending mother's potential role in the intrafamilial CSA dynamics and her subsequent role in the victim outcomes (Hooper, 1992; Tamraz, 1996). Notably, males are included in the literature as non-offending partners (NOPs) (i.e. Smith & Saunders, 1995). However, much of the focus remains with the mother, with the vast majority of the perpetrators being fathers. The importance of exploring the mother's role in the family dynamic, and her individual characteristics, have been highlighted in terms of maternal protective ability typically guiding professional decision-making and interventions, including in the context of child custody arrangements. However, in this sense the NOMs' needs are often overlooked while the focus is on the primary system intervention goals of ensuring the safety, care and wellbeing of the victim, the prosecution and punishment of the perpetrator, and the mitigation of future risk of harm (Thompson, 2017). In relation to this, it has been found that CSA victims who receive greater levels of maternal support have improved recovery outcomes longitudinally (e.g., Morrison & Clavenna-Valleroy, 1998; Wyatt & Mickey, 1988; Zajac, Ralston, & Smith, 2015). Therefore, there is strong support for the NOM to occupy a critical role with regards to mediating recovery outcomes for their child victims.

With NOMs being identified as contributing positively to victim outcomes, research focus has concentrated on the role of the NOMs in the development and maintenance of intrafamilial CSA. This generated interest in possible indicators of psychopathology and individual characteristics in the NOMs, focusing particularly on their personality functioning (Chiaramello et al., 2018; Cyr, McDuff, & Herbert, 2013; Friedrich, 1991; Muram, Rosenthal, & Beck, 1994;

Myer, 1985; Peterson, Basta, & Dykstra, 1993; Scott & Stone, 1986; Smith & Saunders, 1995; Zuelzer & Reposa, 1983), as well as their history of adverse experiences, in particular their own CSA (Deblinger, Stauffer, & Landsberg, 1994; Hiebert-Murphy, 1998; Leifer, Kilbane, & Kalick, 2004; Leifer, Shapiro, & Kassem, 1993).

As stated above, as well as the development and maintenance of CSA within the family, the leading area of focus within the literature relating to NOMs is the mother's response to the child's disclosure. In the absence of preventing the abuse altogether, this area is viewed as highly relevant for identifying the factors that may mediate the impact of the abuse on the child victims (Thompson, 2017). These focus areas identified in the existing literature are described in detail throughout this thesis.

Despite the concurrent focus on issues of maternal psychopathology, childhood history, and protective response in the existing literature, much of the empirical investigation into non-offending mothers has been limited in generalisability due to widespread methodological issues that have also yielded largely inconsistent findings (Elliot & Carnes, 2001; Bolen, 2003; Thompson, 2017). Furthermore, there is little by way of modernisation and updating research since the early explorations of the 1990s, with, overall, less focus on non-sexual child abuse compared to CSA. Therefore, with the prevalence of personality functioning, childhood experiences, and post-disclosure response in the existing literature, this thesis seeks to explore these areas in relation to a lesser studied, sub-population of NOPs: the non-offending mothers of children harmed both sexually and non-sexually.

### *3.0 Overall Aims*

The existing literature offers valuable input in terms of guiding the focus when exploring this population. However, as stated, there is a notable lack of emphasis on NOMs of children abused non-sexually. Therefore, this thesis aims to contribute to the literature by exploring and comparing evidence from a more varied child abuse case history, whilst contributing to the three identified focus areas noted above.

In terms of maternal personality, as well as exploring non-sexual abuse, the aim will be to update the literature with the use of currently applied tools. In relation to this, personality will be measured using an instrument that has

been found to provide some of the most objective and reliable personality data with parents (Pope, Butcher, & Seelen, 2006), with particular support from psychologists working in child care cases (Ackerman & Ackerman, 1997). Similarly, the research questions are aimed at exploring NOMs' adverse childhood experiences (ACEs) with the inclusion of non-sexual abuse cases. The thesis will look to explore the presence of personality patterns and ACEs with an overall aim of contributing to therapeutic intervention directions for NOMs, so that they can be best supported in facilitating recovery outcomes for their child victims.

#### *4.0 Overview of Thesis*

The studies within this thesis have several potential clinical and research implications. Theoretically, it is considered that it will highlight areas of missing evidence and empirical support. Clinically, it is anticipated that the findings can contribute to therapeutic support provision, by increasing the understanding of the needs of NOMs in their own recovery, as well as potentially improving victim outcomes, given that there is consistent evidence that these are significantly impacted upon by maternal support (Bolen & Lamb, 2007; Deblinger, Steer, & Lippmann, 1999; Elliott & Carnes, 2001; Kim et al., 2007; Leifer et al., 1993; Spaccarelli & Kim, 1995).

In terms of clinical forensic practice, the findings may inform child protection, as well as legal processes and policies. Although it is recognised that the primary focus of intervening agencies is on issues concerning child protection, and the investigation and prosecution of perpetrators, the needs of the NOM can become overlooked or minimised. Thus, by increasing the knowledgebase of professionals as to the experiences and needs of this population, there is potential for greater inclusion in the agency response, allowing the mother to fulfil her crucial role in the investigatory and intervention process.

This thesis begins by systematically reviewing the existing body of research regarding personality characteristics of NOMs. Following this, chapters three and four use retrospective data to explore areas previously unaddressed, such as differences across the types of abuse that occur in a household and factors impacting on behaviour and personality development. As stated above, along with personality features and adverse childhood experiences, parental/guardian support for their child following a disclosure of abuse is a focal

area for NOM research. Taking into account the literature reviewed in chapter two, chapter five seeks to critique methods for assessing NOM support, both in terms of research and in practical settings. The thesis concludes with discussion of the main findings, along with limitations of the thesis and future research and practice implications.

## **Chapter 2 - Personality characteristics of non-offending mothers of children abused by another caregiver: A systematic review.**

The research surrounding child abuse primarily focuses on the child victim or the adult perpetrator of sexual abuse. Research involving the non-offending partners (NOPs) of the adult perpetrator is more limited, despite this being a recognised population. It could be argued that prioritising research relating to the child victim group would aid the growth of treatment development, with the support of studying the perpetrator group for future prevention efforts. However, having a better understanding of the NOP could contribute to both of these areas as the child's recovery would require the support of their caregiver, and a non-offending caregiver should be acting to prevent the child from coming to harm. In this systematic review, the aim was to identify any patterns in personality characteristics of non-offending mothers (NOMs), specifically. Eight electronic databases were searched for primary studies assessing personality features / characteristics / patterns of non-offending mothers. Two sources of grey literature were also searched. The full search yielded 16,440 citations, of which 2,132 were initially identified as duplicates, and 14,238 were considered irrelevant. Only seven of the remaining 72 references were found to meet the inclusion criteria. These were quality assessed with predefined criteria, and the data was extracted with a pre-defined pro-forma. The results suggested that measurement bias often reduced the quality of research into NOMs. The most common finding was that NOMs did not present with any significantly problematic personality characteristics, though elevations were found in relation to introversion, depression, and anxiety. Practice implications and future research directions were discussed.

## **1.0 Introduction**

### *1.1 Background*

The psychological and psychiatric consequences of child abuse are considerable and detrimental for victims, in both the short and long-term (Paolucci, Genuis, & Violato, 2001; Chen et al., 2010). Thus, research and public attention has been focussed on understanding the prevalence, extent, and consequences of child abuse (particularly sexual abuse) for the children involved (Philpot, 2008).

Within the existing literature it has also been recognised that, as well as consequences for victims, child abuse has significant implications for the family system (Erooga & Masson, 1989). Looking at sexual abuse only, Philpot (2008) suggested that within every family affected by intrafamilial child sexual abuse, there is a secondary victim who is often neglected, namely the non-offending partner of the perpetrator.

In recent times, there is an increasing recognition of the significant influence that non-offending parents may have on their child's recovery and, at the same time, the serious impact, on the parents themselves, of finding out about the abuse of their children, including the impact on their relationships with their children (Bolen & Lamb, 2007; Carr, Moretti, & Cue, 2005; Deblinger, Taub, Maedel, Lippmann, & Stauffer, 1998; Hill, 2005). With more focus placed upon the mother as the non-offending caregiver, Kim, Trickett and Putnam (2010) report on emerging evidence revealing that non-offending mothers face considerable psychosocial challenges upon the disclosure of their child's sexual abuse and may, subsequently, need support themselves. Therefore, there is a growing focus upon developing interventions for non-offending mothers. Despite limited research in this area, several studies have shown that interventions targeted at non-offending caregivers may lead to positive effects for both the caregiver themselves and impact on the child victim (Elliott & Carnes, 2001).

For future prevention and intervention purposes, it is, arguably, important to understand the nature and background of non-offending mothers' parenting practices, when a child is harmed whilst in their care. Rigorous empirical studies examining the characteristics of non-offending mothers are rare, with more focus being placed upon the childhood experiences of the parents, and numerous studies finding that a significant proportion of non-offending mothers, again in cases of intrafamilial child sexual abuse, were themselves subject to sexual



abuse or victimisation as children (Deblinger, Hathaway, Lippmamm, & Steer, 1993; Myer, 1985; Thompson, 2017). The studies that have explored the characteristics of non-offending mothers appear to support parenting differences among these mothers (Kim, Trickett & Putnam, 2010). Therefore, it could be argued that a better understanding of what differences exist could be gained, initially, by systematically reviewing the literature in this area

A scoping exercise was undertaken which revealed that existing reviews relating to assessment of mothers have mainly involved the evaluation of specific interventions, such as interventions targeting mothers with Borderline Personality Disorder or interventions that have already been developed for non-offending caregivers (Macdonald et al., 2012), as well as the maternal response to the abuse disclosure (Knott & Fabre, 2014). In addition, reviews were identified that looked specifically at the links between personality disorder and parenting behaviours, motherhood and mental illness (Eyden, Winsper, Wolke, Broome, & MacCallum, 2016; Levey et al., 2017).

Within a critical literature review of research relating to the mother's role in intrafamilial sexual abuse, Crawford (1999) and Bolen (2003) summarise studies conducted that review personality features in mothers of sexually abused children. However, these papers do not provide a systematic review in this area, offer a summary of research results, explore differences when the abuse was non-sexual, nor assess the quality of the work being discussed. Elliott and Carnes (2001) reviewed literature relating to the reactions of NOMs, answering several questions about the parents' belief and support of their child victim/s, as well as the factors that contribute to this belief and support. Within this, they did not systematically review studies relating to the personalities of the NOMs. Similarly, Howard (1993) provided an overview of literature relating to maternal responses to their child's disclosure of incest. Again, the empirical research relating to personality patterns in NOMs was not reviewed. As a systematic review has not been identified that compiles research findings regarding the personality characteristics of non-offending mothers of abused children, this up-to-date review will be conducted with methodological rigour to provide this information. It is considered that it will also offer more broad information than information that has previously been gathered qualitatively.

This review aims to explore all of the existing literature that relates to the investigation of the personality characteristics of mothers of children harmed by

another caregiver. Compiling this literature, the methods, and findings, will also contribute to the author's further research, with an aim to bring this area up-to-date. These factors will be reviewed along with adverse childhood experiences, and maternal affective state, following her child's abuse, to offer a comprehensive exploration of this population.

## *1.2 Aims and Objectives*

Scratching the surface of the literature relating to the mothers of children who have been abused, has indicated that there may be an opportunity investigate this area in depth, and identify the strengths and limitations in the existing research. This information could advance future research efforts, and aid the continuous development and utility of intervention programmes designed to work with non-offending mothers.

The goal of this review is to gather, summarise and integrate empirical research that is aimed at analysing the personality characteristics, as measured by psychological personality assessment tools or inventories, of non-offending mothers who have a child or children who has come to be harmed by another caregiver. Such information would inform therapeutic programmes designed to work with non-offending mothers by offering detail of key areas to address and focus upon when developing the mother's ability to act as a protector, a parent and supervisor. Furthermore, for the author, the results of this review will have an impact on further areas of research, as it is intended for personality inventory data to be used in conjunction with social history information to explore whether there are any characteristics in common for non-offending mothers who were unable to protect their child/ren from sexual, physical, and emotional harm by another caregiver.

### **Box 2.1.** *Aims of review*

*The aim of this systematic review was to determine if any patterns have been identified in the personality characteristics of non-offending mothers of children harmed by another caregiver.*

*Objectives are:*

- *To identify studies that have looked at the personality characteristics of non-offending mothers, of children that have been harmed by another carer*
- *To determine if there are particular personality characteristics that have been identified for targeting interventions.*
- *To establish if these personality patterns have been viewed as predictors of ability to protect.*

## **2.0 Methods**

### *2.1 Inclusion and Exclusion Criteria*

The included population in this review were studies of non-offending mother (NOMs). This is defined as a mother who is not accused or convicted of committing a crime against their child, specifically physical or sexual abuse. The focus on physical or sexual abuse was due to lack of literature relating to emotional abuse and neglect, with this still being an emerging area. As it has previously been reported that males are responsible for 90 per cent of sexual abuse perpetration (Bolen, 2003; McCloskey & Raphael, 2005), and as research involving fathers in the area of child sexual abuse looks at the factors associated with perpetration (Lee, Bellamy, & Guterman, 2009; Parker & Parker, 1986; Williams & Finkelhor, 1990), this review focused on a population of non-offending mothers.

Studies were considered to meet the inclusion criteria if they assessed personality features using a tool designed to measure personality through objective tests. Objective tests, such as self-report measures, rely on the respondents' personal responses and are relatively free of rater-bias. In psychological testing and research, the more widely used personality self-report measures include (but are not limited to) the Myers-Briggs Type Indicator, the Revised NEO Personality Inventory (Neo Pi-R), the Personality Assessment Inventory, the Minnesota Multiphasic Personality Inventory (MMPI/MMPI-2), Cattell's 16 Personality Factors (16 PF), Millon Clinical Multiaxial Inventory (MCMI), and Eysenck Personality Questionnaire (Nezami & Butcher, 2000). When reviewing the literature, it was identified that the Symptom Checklist-90-Revised (SCL-90-R) had been used within several studies. However, on each occasion, it had been used in its short-form, the Brief Symptom Checklist-18 (BSI-18), which measured anxiety, depression and somatisation, but does not give a personality profile. Only studies using measures of personality characteristics were included for review.

Lastly, with regards to research design, only cohort and case control studies were considered for inclusion in the current review, since these were most suited to review question, and have the greatest internal validity (Petticrew & Roberts, 2006). The following were, therefore, automatically excluded: narrative reviews, cross-sectional studies, before-and-after studies, case studies,

theoretical / opinion papers, editorials and commentaries. Restrictions set on language related to the possibility of a self-report measure of personality being available in the native language. Thus, studies were included when questionnaires were available and administered in the language spoken by the participants, when the interpretation and write-up was provided in English. Both published and unpublished studies were considered, so as to reduce publication bias, as far as possible, in the searching process.

## 2.2 *Sources of Literature*

The following electronic databases and gateways were comprehensively searched for relevant research studies, on 8 February 2020:

- OVID PsycINFO (1806 to Feb week 1 2020)
- OVID Medline (R) ALL (1946 to Feb, 6 2020)
- OVID Embase (1970 to 2020 week 5)
- OVID PsychArticles (Fulltext)
- PROQUEST Applied Social Services Index and Abstracts (ASSIA) (1976-2020)
- Web of Knowledge (1970-2020)
- Cochrane Library
- Campbell Collaboration Library

Two main sources of grey literature were also searched, on 2 March 2020:

- Open Grey (<http://www.opengrey.eu/>)
- Google Scholar

In addition, the reference lists of the most relevant studies ( $n = 28$ ) were manually searched. As referenced above, there has not yet been a systematic review of research relating to the personality profiles of non-offending mothers of children abused by another caregiver, so further citations could be not be obtained from previous reviews.

## 2.2 *Search Strategy*

The following search terms were applied to the electronic databases (modified to the requirements of each):

*mother\* OR care\* OR partner\* AND fail\* OR negl\* AND protect\* OR safe\* AND child\* AND harm\* AND personalit\**

A full example of the search strategy, as applied to OVID PsychINFO, OVID Medline and OVID Embase, is included in Appendix I, as is the search syntax for Proquest ASSIA and for the grey literature sources.

### 2.3 Study Selection

The studies were selected based upon the predefined inclusion and exclusion criteria referenced above and summarised in Box 2.2. All titles and abstracts were screened (see Appendix II), and full-text papers of any abstracts considered relevant were obtained where possible.

#### **Box 2.2. PICO**

*Population: Non-offending mothers or caregivers (NOPs) of a child or children that have been abused by the mother's or caregivers partner.*

*Intervention/Exposure: Personality measure (designed for use in psychological assessment, for adults aged 18 and over, and requires self-report) administered during a psychological assessment or for research purposes.*

*Outcome: Personality or psychosocial characteristics.*

*Study type: Case control or cohort*

*Language: English*

*Date of publication: 1970 to present*

*Exclusion: Opinion papers, editorials, i.e. any non-primary research literature*

### 2.4 Quality Assessment

All studies meeting the inclusion criteria were quality assessed by the primary author, using a set of pre-defined criteria which covered areas such as sampling, measurement and statistical bias (see Appendix III). Each quality criterion was recorded as follows:

*0=condition not met*

*1=condition partially met*

*2=condition fully met*

*U=unclear/insufficient information provided.*

If the information required to make a decision on the criterion was unclear or not included in the study (e.g. whether missing data was handled appropriately), this was marked as 'unclear' rather than 'not met', as this may have otherwise underestimated the quality of the research. The number of 'unclear' responses for each study is reported in the results section below, as well as the overall quality assessment scores. Three (43%) of the selected research studies were independently assessed by a second reviewer, in order to check inter-rater reliability. Any cases of disagreement were resolved through discussion, and where necessary, a further collaborative review of the study. An intra-class correlation coefficient (ICC) of >0.75 between the two assessors was achieved, demonstrating 'good' inter-rater reliability (Fleiss, 1986).

## *2.5 Data Extraction*

Following quality assessment, data was extracted from the studies using a predefined form (see Appendix IV). This included items relating to sample size, research setting, demographic characteristics of participants, the characteristics of the victim and perpetrator – particularly their relationship with the subject of the study – the personality measured used, and the research findings.

## **3.0 Results**

Searches of the electronic databases and gateways yielded 16,441 references, which included possible citations identified through grey literature searches, of which 2,131 citations were identified by the review programme EndNote as duplicates. A further 14,238 references were screened manually and deemed irrelevant to the review question. The remaining 72 relevant references were looked at in further detail in order to ascertain whether they met the inclusion criteria. The inclusion and exclusion pro-forma used to review the abstracts and papers is attached as Appendix II. There were 28 papers where eligibility was still unclear after reading the abstract, thus full texts were obtained (where possible). The reference lists of these 28 included papers were reviewed for any further literature relating to the search question. Twenty-two additional citations

and abstracts were added to the review from this reference list search, 11 of which were immediately deemed irrelevant and excluded.

Of the 94 abstracts and papers reviewed, 87 did not meet the inclusion criteria for reasons such as the mothers involved in the study being the perpetrator of the harm caused to the child; the study relating to the dynamics between the non-offending mother and child victims, in terms of therapeutic support; the personality of the non-offending mother not being assessed. A full list of reasons for exclusion is included in Appendix V. In total, seven studies were considered to meet the inclusion criteria. These were subsequently quality assessed, and their data synthesised. Figure 2.1 summarises the search process and the means by which these studies were selected.

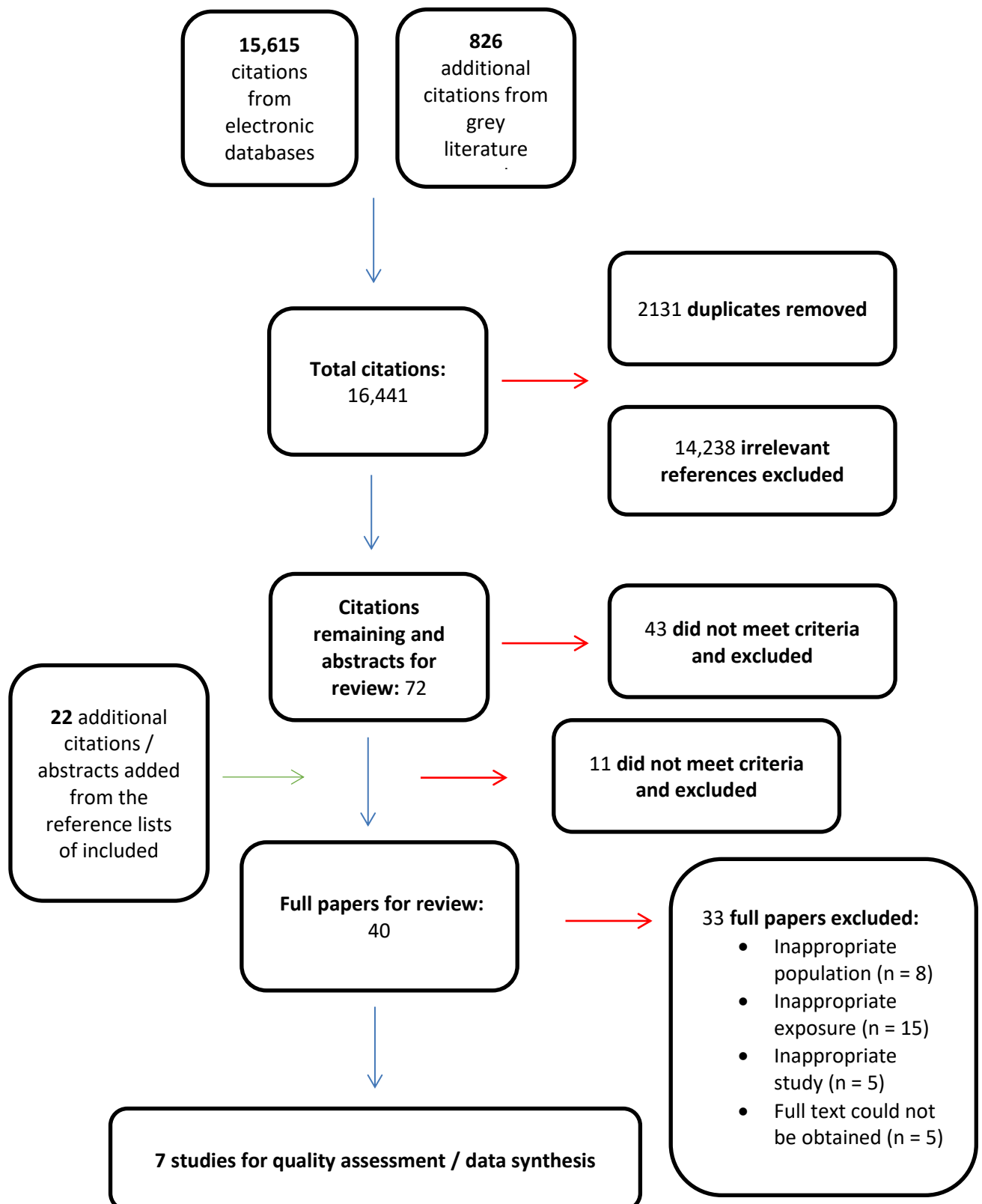
### *3.1 Description of Studies*

Each was of a cohort design. The authors did not identify any case-control studies which met the inclusion criteria for the review. The final seven studies included assessments of personality using the following measures: the NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1992, 2002) or Revised NEO Personality Inventory (NEO-PR; McCrae & Costa, 1987), the Minnesota Multiphasic Personality Inventory (MMPI; Carson, 1969; Graham, 1983; Hathaway, 1967), the Sixteen Factor Personality Questionnaire – Form C (16PF; Karson & O'Dell, 1976), the Clinical Analysis Questionnaire (CAQ; Krug, 1980), the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975). There were no studies identified that used any more updated versions of personality assessment. As referenced above (see section 2.1), studies that had a population of non-offending mothers and used tools for measuring personality, but had used these tools to review areas outside of personality were excluded from the review.

### *3.2 Characteristics of Studies*

Five of the seven studies were conducted in USA and the remaining two used a Canadian sample. The seven selected studies included a total of 640 non-offending mothers, with a mean age of 34.2 ( $SD = 3.8$ ), ranging from 22-69. The smallest sample was 13 and the largest was 226 ( $M = 91$ ,  $SD = 76$ ). Three studies included a control group of age-matched mothers from non-abusive homes. One study looked at non-offending mothers, along with father

**Figure 2.1.** Flow chart of search process





perpetrators; another included a comparison group of psychiatric outpatient mothers of children who had not been victimised, and the remaining two studies did not include a comparison or control group.

In terms of perpetration of abuse, all of the studies related to the sexual abuse of children in the household and only one included non-sexual abuse (physical violence). Six of the studies included the father or mother's partner as perpetrators, with it being unclear in the remaining study. Four of the studies also included extended family members and three included cases of extrafamilial abuse. Child victims were predominately female, though in four studies the gender of the victim was not specified. For those studies where age range of the child victims was specified, ( $n = 5$ ), the average age was 10.7 ( $SD = 3.7$ ). One study (Scott & Stone, 1986) only looked at mothers of adolescent sexual abuse victims (age range = 15-20).

### *3.3 Quality of Studies*

The characteristics and findings of the selected studies are summarised in tables 2.1 to 2.5, according to which personality assessment tool was used (NEO-PR/FFI, MMPI, 16PF, CAQ, EPQ). The figures and statistics in these tables have been taken from the original studies (where information is missing, this was not reported). The studies are listed with their quality assessment score (converted into a percentage for clarity) in order to aid the evaluation and synthesis of the reported results. A summary of the quality assessment scores, based upon bias, is included in table 2.6.

Overall, the quality of these studies was variable, though one might reasonably conclude that the results produced by Chiaramello et al. (2018) in particular, are likely to be valid, due to the higher quality of this study. The quality of the study undertaken by Muram et al. (1994) was considered relatively modest due to a number of limitations in the design and execution. For example, they used a tool that could not be uniformly administered to their sample, they reported little to no detail regarding the validity and reliability of their measure, and they did not report upon whether they had controlled for any confounding variables. However, they did include a control group. Furthermore, the results of Muram et al. show some significant differences between non-offending and control mothers, that were included in the present data synthesis.

**Table 2.1.** The characteristics and findings of studies using the NEO-PR/FFI to examine personality patterns in non-offending mothers

Author/s & Date	Experimental group (population and recruitment method)	Comparator (if used)	Exposure (measure of personality)	Findings (outcome)	Quality score
Chiaramello et al. (2018)	<p>190 non-abusive mothers recruited in 3 Child Protection Services (CPS) in Quebec. Mothers were invited to participate in the study by youth centre staff, who provided a brief overview of the goals of the research.</p> <p><u>Age</u> Mean: 36.5yrs (SD 5.9) Range: ...</p> <p><u>Children</u> Mean (N): 2.2 (SD 1.0) Aged: 10.5yrs (SD 3.7)</p> <p><u>Relationship with perpetrator</u> Biological father: 29% Mother's partner: 17% Child victim's sibling: 14% Child victim's friend: 6% Friend of family: 17% Extended family member: 17%</p>		<p>The short version of the Revised NEO Personality Inventory (or NEO PI-R) was used in this study, the NEO-FFI. It contains 60 items or 12 items per dimension. The NEO-FFI explores five major personality dimensions (openness, neuroticism, consciousness, extraversion and agreeableness). Neuroticism may be associated with aspects of anxiety, anger-hostility, depression and impulsivity. In this sample, the internal consistency for the subscales ranged from low to good (N = 0.84, E = 0.56, A = 0.67, O = 0.56, C = 0.79).</p>	<p>Only Extraversion was a significant predictor (<math>\beta = .19, p &lt; .05</math>). In addition, feelings of anger towards the offender (<math>\beta = .26, p &lt; .001</math>), absence of anger feelings toward the child (<math>\beta = -.19, p = .02</math>) and the involvement of physical violence in the CSA (<math>\beta = .22, p &lt; .001</math>) were significant independent predictors of maternal support following the disclosure.</p>	31/42 (74%)

**Table 2.1 continued....**

<b>Author/s &amp; Date</b>	<b>Experimental group (population and recruitment method)</b>	<b>Comparator (if used)</b>	<b>Exposure (measure of personality)</b>	<b>Findings (outcome)</b>	<b>Quality score</b>
Cyr, McDuff & Herbert (2013)	<p>226 non-abusive mothers who had been referred to Quebec CPS for evaluation following alleged sexual abuse (SA). For all substantiated SA cases, the CPS workers from different sites recruited mothers and their children. Mothers were free to refuse participation without consequence regarding services offered. 21 mothers were removed due to socially desirable responding.</p> <p><u>Age</u> Mean: 35.1yrs (SD 5.6) Range: 22-51</p> <p><u>Children</u> Mean (N): ... Aged: 10.4yrs (SD 3.8)</p> <p><u>Relationship with perpetrator</u> Biological father: 28% Mother's partner: 17% Other relative: 32% Outside of family: 23%</p>		<p>The short version of the Revised NEO Personality Inventory (or NEO PI-R) was used in this study, the NEO-FFI. It contains 60 items or 12 items per dimension. The NEO-FFI explores five major personality dimensions (openness, neuroticism, conscientiousness, extraversion and agreeableness). Neuroticism may be associated with aspects of anxiety, anger-hostility, depression and impulsivity. The NEO-FFI scales have proved to be correlated with the NEO-PI factors at a level of .75 to .89. Internal consistency values ranged from .74 to .89.</p>	<p>Cluster analyses were conducted on a set of 9 theoretically relevant variables. Four groups of mothers emerged from the clustering results and were labelled resilient (32.7%), avoidant coping (32.7%), traumatized (19.1%), and anger-oriented reactive (15.5%). Resilient mothers made up one third of the sample, reporting no psychological symptoms. Avoidant coping mothers composed about one third of the sample reported a moderate level of PTSD and avoidance symptoms. The traumatised group, which made up one fifth of the sample, showed the highest level of neuroticism. Mothers classified as anger-orientated made up 15.5% of the sample showed high levels of neuroticism and avoidant coping.</p>	28/42 (67%)

**Table 2.2.** The characteristics and findings of studies using the CAQ to examine personality patterns in non-offending mothers

Author/s & Date	Experimental group (population and recruitment method)	Comparator (if used)	Exposure (measure of personality)	Findings (outcome)	Quality score
Peterson, Basta & Dykstra (1993)	<p>13 non-abusive mothers of family molested children (FM) and 15 non-abusive mothers of teacher molested children (TM). Consent forms and a letter describing the research were sent to the directors of three community organisations. The documents indicated that those who chose to become involved would receive a free, confidential psychological evaluation of both child and mother. Interested participants filled out the form and then contacted one of the authors. All participants were volunteers.</p> <p><u>Age</u> Mean: 29.9yrs (FM) 30.9yrs (TM) Range: 25-50</p> <p><u>Children</u> Mean: ... Aged:</p> <p><u>Relationship with perpetrator (N)</u> Biological father: 7 Mother's partner: 2 Extended family member: 9</p>	<p>Control group mothers were drawn from a comparable after-school day care programme.</p> <p><u>Age</u> Mean: 33.5yrs</p>	<p>Evaluations were conducted using the CAQ which consists of 272 questions, to which there are three possible answers. The answer chosen indicates whether the respondent agrees, disagrees, or prefers a middle ground with regard to the question. Test questions are organized into 28 scales, 16 of which assess normal personality functions found in the 16 Personality Factor Questionnaire (16PF). Seven of the remaining scales measure various aspects of depression. Five scales tap attributes similar to those measured by the MMPI and include Paranoia, Psychopathic Deviation, Schizophrenia, Psychasthenia and Psychological Inadequacy.</p>	<p>Mothers of molested children scored lower on the Intelligence scale. Of the 12 scales that assess personality deviance, significant differences were found on seven scales. Mothers of molested children scored higher on scales measuring Hypochondriasis, Low Energy Depression, Guilt/Resentment, Paranoia, Schizophrenia, Psychasthenia, and Psychological Inadequacy. Significant differences were also found on three secondary scales, with mothers of molested children scoring higher on the Anxiety, Depression, and Psychoticism scales.</p> <p>When combined, mothers of the two groups of molested children did differ from mothers of non-molested children, on 10 CAQ scales measuring pathological traits or clinical symptoms. The scales included Hypochondriasis, Schizophrenia, Psychasthenia, Anxiety, Paranoia, Psychoticism, Psychological Inadequacy, Guilt/Resentment, and two additional measures of depression. In other words, mothers whose children had been molested showed greater preoccupation with bodily dysfunctions, low energy, increased feelings of worthlessness, blame, suspiciousness, and rejection, as well as more unusual impulses, anxiety, and obsessional behaviour.</p>	26/42 (62%)

**Table 2.3.** The characteristics and findings of studies using the MMPI to examine personality patterns in non-offending mothers

Author/s & Date	Experimental group (population and recruitment method)	Comparator (if used)	Exposure (measure of personality)	Findings (outcome)	Quality score
Friedrich (1991)	<p>37 non-sexually abusive custodial mothers of sexually abused children who were seen in therapy either by the author or under his supervision between 1981 and 1985 completed the MMPI as part of the treatment process. Originally included 46 profiles, but 9 were excluded due to validity issues.</p> <p><u>Age</u> Mean: 30.0yrs (SD 4.8) Range: ...</p> <p><u>Children</u> Mean (N): ... Aged: 6.3yrs (SD 3.6)</p> <p><u>Relationship with perpetrator</u> Immediate or extended family member (N): 21</p>	<p>43 psychiatric comparison group of mothers seen as outpatients in a psychotherapy facility. None reporting having a child victim</p> <p><u>Age</u> Mean: 29.8yrs (SD 4.5) Range: ...</p> <p>76 normal comparison group of mothers completed the MMPI as part of the Mayo Clinic re-norming project.</p> <p><u>Age</u> Mean: 28.7yrs (SD...) Range: 22-35</p>	<p>Due to the relatedness of the MMPI scales, a MANOVA was calculated initially to determine the presence of overall differences. The resulting overall MANOVA of the 3 validity and 10 clinical scales for the three groups was significant, <math>F(26,278) = 5.5</math>, <math>p &lt; .001</math>, and post-hoc contrasts were performed.</p>	<p>The controls differed significantly (<math>p &lt; .01</math>) from both the outpatient and sexual abuse group on all of the MMPI scales with the exception of scales L, 5, 9, and 0. In addition, mothers of sexually abused children were significantly different from controls on scale L. Mothers of sexually abused children differed from outpatient mothers on scales 2, 4, and 7, with scale 4 higher in the mothers of sexually abused children. These results suggest that there are some personality features of parents of sexually abused children that may contribute to mate selection and parenting problems. In addition, some of these same personality features may contribute to immature, impulsive, and egocentric behaviour, which increases the likelihood that the mother will choose a partner who would molest her child. In addition, there are features of the mother's personality that put the child at risk for significantly more severe and longer lasting abuse</p>	22/42 (52%)

**Table 2.3 continued...**

<b>Author/s &amp; Date</b>	<b>Experimental group (population and recruitment method)</b>	<b>Comparator (if used)</b>	<b>Exposure (measure of personality)</b>	<b>Findings (outcome)</b>	<b>Quality score</b>
Scott & Stone (1986)	<p>44 non-abusive mothers recruited through therapeutic treatment programmes. In all cases the father (n = 62) had been convicted of incest with a daughter (n = 22) and the whole family had been referred for the treatment programme by the court.</p> <p><u>Age</u> Mean: 39.7 Range: 25-69</p> <p><u>Children</u> Mean (N): ... Aged: 17.5yrs</p> <p><u>Relationship with perpetrator (N)</u> Biological father: 33 Mother's partner: 29</p>	128 subjects made up four control groups, matched with subjects from their experimental group. None were from families in which incest had occurred.	All subjects were administered the Group Form of the MMPI. Utilizing the MMPI Validity inclusion criteria of $F < 17$ (raw mores) or $F$ from 17 to 22 and $F - K < 12$ , 9 profiles were excluded, which left a total sample of 128 subjects. The statistical data were computed using non-K-corrected raw scale scores.	Significant differences were found on the F Hypochondriasis (Hs), D, Hysteria (Hy), Masculinity and Femininity (Mf), Pt, So, Ma, and Social Introversion (Si) scales. The mother experimental group differed significantly from its control on the Hs, D, Hy, Pa, Pt, Sc, and Si scales. The daughter victim group differed significantly from its control on the K, Hs, D, Pa, Pt, Sc, Ma, and Si scales. Perhaps the most surprising feature of the group profile of the mothers is that it is so normal. There is little indication of even expected levels of depression (D scale) or anxiety (Pt scale) in spite of the fact that all of the mothers in the sample had recently gone through some fairly serious personal and familial turmoil.	21/42 (50%)

**Table 2.4.** The characteristics and findings of studies using the EPQ to examine personality patterns in non-offending mothers

Author/s & Date	Experimental group (population and recruitment method)	Comparator (if used)	Exposure (measure of personality)	Findings (outcome)	Quality score
Muram, Rosenthal & Beck (1994)	<p>65 mothers who were contacted through the Tennessee Department of Human Services.</p> <p><u>Age</u> Mean: ... Range: ...</p> <p><u>Children</u> Mean (N): ... Aged: 2-10</p>	<p>32 control mothers screened at the Children and Youth Clinic at the University of Tennessee. Questionnaires were administered at the time of routine medical evaluation.</p>	<p>All subjects were administered the EPQ. The EPQ contains 90 yes/no items. It is a brief, self-report device that provides a good "map" of personality traits that can be reliably derived. Unlike the MMPI, its content does not focus on blatant symptoms, which often evoke resistance from the subject. Briefly, the EPQ provides three independent measures of temperament - N, which reflects proneness to become anxious under duress, E, which reflects sociability, and P, which assesses impulsivity - plus an L scale that reflects giving socially desirable, conforming answers.</p>	<p>The between victim and control mothers gave no evidence that victim mothers displayed noteworthy psychopathology in any sphere. Indeed, victim mothers were slightly less impulsive (P) than the British norm for females and were significantly less impulsive than the control mothers (<math>p = .0001</math>). Also arguing against poor self-control in victim mothers were some data showing they were somewhat more constricted than control mothers, reflected by a marginal difference on the LIC Sociability scale (<math>p = .066</math>) and a significant difference on the EPQ E scale (<math>p = .001</math>), which is a measure of sociability. To a small but significant degree victim mothers were less outgoing than control mothers. Only on the LIC factor scale of Cultural Interests did victim mothers fall significantly below control mothers</p>	15/42 (36%)

**Table 2.5.** The characteristics and findings of studies using the 16PF to examine personality patterns in non-offending mothers

Author/s & Date	Experimental group (population and recruitment method)	Comparator (if used)	Exposure (measure of personality)	Findings (outcome)	Quality score
Smith & Saunders (1995)	<p>65 non-abusive mothers (along with 94 father/perpetrators) recruited as part of a larger investigated associated with treatment outcome in cases of intrafamilial sexual abuse</p> <p><u>Age</u> Mean: ... Range: ...</p> <p><u>Children</u> Mean (N): ... Aged: ...</p> <p><u>Relationship with perpetrator</u> Biological father: 59% Mother's partner: 39% Unrelated: 2%</p>		<p>The 16PF was used, which is a 105-item self-report measure that contains one validity scale (Motivational Distortion) and 16 content factors that measure relatively stable personality characteristics: Warmth, Intelligence, Emotional Stability, Dominance, Impulsivity, Conformity, Boldness, Sensitivity, Suspiciousness, Imagination, Shrewdness, Insecurity, Radicalism, Self-sufficiency, Self-discipline, and Tension. Raw scores on these scales are converted to standard ten (sten) scores with a mean of 5.5 and a standard deviation of 2.0. Test-retest reliabilities for the primary factors on Forms C and D ranging from .67 to .86, and an extensive body of literature attests to the overall validity of the scale. Factor analysis of the 16 primary scales has reliably produced four principal second-order factors: Extraversion, Anxiety, Tough Poise, and Independence.</p>	<p>Mothers scored significantly lower than norms on factors of Warmth (<math>t = -3.2</math>, <math>p &lt; .003</math>), Emotional Stability (<math>t = -3.3</math>, <math>p &lt; .003</math>), Impulsivity (<math>t = -4.0</math>, <math>p &lt; .001</math>), Imagination (<math>t = -4.3</math>, <math>p &lt; .001</math>), and Radicalism (<math>t = -4.2</math>, <math>p &lt; .001</math>), and higher than norms on Self-sufficiency (<math>t = 4.4</math>, <math>p &lt; .001</math>). Mothers also scored lower than norms on Extraversion (<math>t = -3.8</math>, <math>p &lt; .001</math>), as well as Independence (<math>t = -3.8</math>, <math>p &lt; .001</math>). Although t-tests showed significant differences between subjects and norms, all primary and secondary factor means for mothers fell within the nonclinical sten score range of 4 to 7. These results fail to support the common contention in the clinical literature that mothers in incestuous families have distinctive personality traits.</p>	25/42 (60%)



**Table 2.6.** Results on quality checklist

Author (date)	1. Study objectives				2. Selection bias				3. Measurement bias				4. Results				5. Outcome bias				6. Attrition bias				Total Quality Score out of 42 (%)
Chiaramello et al. (2018)	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	P	Y	Y	Y	N	N	30 (71)			
Cyr et al. (2013)	Y	Y	Y	P	Y	Y	Y	Y	N	N	Y	Y	U	Y	Y	P	P	P	Y	N	N	28 (67)			
Friedrich (1991)	Y	Y	P	Y	Y	N	N	N	N	Y	P	P	U	N	Y	P	P	P	P	Y	N	21 (50)			
Muram et al. (1994)	Y	Y	Y	P	N	Y	N	N	N	Y	P	U	N	P	Y	P	P	N	P	N	N	18 (43)			
Peterson et al. (1993)	Y	Y	P	P	Y	Y	N	N	N	Y	Y	P	N	P	Y	P	Y	P	Y	P	P	26 (62)			
Scott & Stone (1986)	Y	Y	Y	P	Y	N	N	Y	N	U	Y	Y	N	P	Y	N	N	N	P	Y	N	21 (50)			
Smith & Saunders (1995)	Y	Y	Y	P	Y	Y	P	N	Y	N	Y	P	U	Y	P	N	P	N	Y	N	N	23 (55)			

**Table 2.7.** Synthesised findings from included studies of personality characteristics of non-offending mothers

Personality feature	Studies supporting evidence		Summary of evidence
	Study (date of study; quality assessment score %)	n	
Extraversion – Introversion / Sociability	Chiaramello et al. (2018; 74%); Muram et al. (1994; 36%); Scott & Stone (1986; 50%); Smith & Saunders (1995; 60%)	4	Increased extraversion was found to contribute towards the support given by the mother to her child, following the disclosure of sexual abuse. Mothers of victims found to be less outgoing than control mothers, and lower than measure norms in relation to extraversion.
Avoidant	Cyr et al. (2013; 67%)	1	Moderate levels of PTSD combined with avoidance symptoms developed the Avoidant coping mother. High levels of avoidant coping also found in anger-orientated mothers.
Emotional stability / Mood	Friedrich (1991; 52%); Peterson et al. (1993; 62%); Scott & Stone (1986; 50%); Smith & Saunders (1995; 60%)	4	Mothers of sexually abused children differed from outpatient mothers in relation to pessimism, low mood. Mothers of molested children scored higher than controls in relation to mood and psychological inadequacy, as well as worthlessness.
Paranoia / Suspiciousness	Peterson et al. (1993; 62%); Scott & Stone (1986; 50%)	2	Mothers of molested children scored higher than controls in relation to cognitive disruption and paranoid thoughts, and higher than norms in relation to radical thoughts.
Impulsivity	Muram et al. (1994; 36%); Smith & Saunders (1995; 60%)	2	Victim's mothers found to be less impulsive than the norming sample for the measures.
Anger / Hostility	Chiaramello et al. (2018; 74%); Smith & Saunders (1995; 60%)	2	Absence of anger towards the child and feelings of anger towards the offender detected. Mothers scored significantly lower than norms in relation to warmth.
Neuroticism	Cyr et al. (2013; 67%); Friedrich (1991; 52%); Peterson et al. (1993; 62%); Scott & Stone (1986; 50%)	3	High levels of neuroticism found in anger-orientated mothers, but highest level found in traumatised group. Mothers of sexually abused children also found to report an increased tendency to express tension, anxiety, worry, as well as obsessional behaviour.
Antisocial	Friedrich (1991; 52%)	1	Mothers of sexually abused children found to be particularly high on the psychopathic deviate scale.

### 3.4 *Data Synthesis*

Several of the selected studies assessed the presence of other factors, not included in the current review. These results are omitted from the data synthesis. Due to the range of outcome measures and limited number of studies, a narrative data synthesis was undertaken. Table 2.7 summarises the synthesised data relating to identified personality features across the seven studies. Due to the variation in personality assessment tools used, these features have been grouped based on their definition (what aspect of personality or functioning measured), rather than the scale titles from each of the measures. Results of the data synthesis showed varied results with the most concordance relating to non-offending mothers being less outgoing than comparators. Further, the majority of the studies ( $n = 4$ ) found support for mothers of abused children reporting low mood, pessimism, worthlessness and feelings of inadequacy. Only Friedrich (1991) detected antisocial personality features in the mothers, and only Cyr et al. (2013) reported on avoidant coping features, whilst forming their cluster groups.

## 4.0 **Discussion**

### 4.1 *Main Findings*

This systematic review aimed to explore the personality characteristics of non-offending mothers of children harmed by another caregiver. Seven studies were included in the final review, all of which were carried out in North America. The majority of the studies examined the personality features of non-offending biological mothers in cases of intrafamilial child sexual abuse only, where the perpetrator was the child's father or mother's partner. The most salient findings related to the mother's inhibited sociability and her low mood and anxiety. Overall, however, consistent, significant findings were not reported in relation to any particular personality traits. With each of the studies unable to determine if the personality features detected were pre-existing to the disclosure of their child's abuse, it is, perhaps, unsurprising that the mothers would experience depressive symptomology and increased worry and stress due to the disruption in their family.

Of particular interest was the inhibited sociability feature that reoccurred across four of the studies. Although no maternal personality pattern was

detected to account for child abuse occurring within the household, the identification of the sociability feature may still be relevant in terms of the mothers' future access to support. Maternal social support is a well-established protective factor, both in terms of parenting (Smith et al., 2010) and regarding maternal mental health (Zajac, Ralston, & Smith, 2015). There is evidence for social support to moderate the impact of stressful and traumatic events for NOMs (Smith et al., 2010). Thus, even if introversion or underdeveloped social skills have not been identified as areas for early intervention or preventative measures, it may impact on their ability to act as a protector in the aftermath of the abuse disclosure, with socially inhibited NOMs being less likely to access social support. Furthermore, more introverted, socially isolated mothers may be more dependent on their intimate relationships, impacting on their ability to recognise and accept their partner as abusive. Therefore, these findings provide further evidence for the benefit of group interventions for NOMs (Duff et al., 2017), where the mothers could enhance their social support, developing a strong protective factor for their future parenting practices.

Based on the quality of the studies, the results of Chiaramello et al. (2018) were considered the most reliable, with their study giving greater consideration to the construct validity of their measure, as well as internal consistency. The only significant results they reported related to the mothers' level of extraversion, as well as the mothers' anger towards the perpetrator and lack of anger towards the child better predicting their support for their child following disclosure. Cyr et al. (2013), Peterson et al. (1993), and Smith and Saunders (1995) all scored similarly in relation to their study quality. Their studies were found to be reasonably reliable, though weaknesses were found in relation to measurement bias and attrition bias. Cyr et al. were found to support Peterson et al. in relation to elevated neuroticism in non-offending mothers, but not in relation to detecting depressive mood. Smith and Saunders and Peterson et al. were more aligned in this latter finding.

Scott and Stone (1986) and Friedrich (1991) produced studies of slightly lower quality, again showing weakness in relation to measurement bias and attrition bias, but also in relation to the reliability and validity of their results. Further, in both studies, issues were raised in relation to the significance of the personality elevations, particularly in terms of them being within the cut off for clinical significance. This means that, despite finding various elevations across

the scales of their respective personality measures (as shown in table 2.7), these results give little indication of non-offending mothers differing from mothers of children who have not been sexually abused. As discussed above (section 3.3), the study showing the lowest score for quality was Muram et al. (1994).

In relation to utility, Cyr et al. (2013) was the only study that grouped the mothers into personality-based clusters. Taking account of various elements of personality, four different types of mother were identified. With the moderately high quality of this study, this provides some direction for informing interventions aimed at improving family outcomes following the occurrence of child sexual abuse. Moreover, Chiaramello et al. (2018) produced even higher quality evidence for non-offending mother interventions to focus on increasing extraversion and conscientiousness, as well as focus on maternal emotional reactions, which was largely supported by the findings of the remaining studies reviewed.

#### *4.2 Limitations*

As previously detailed, there had not yet been a systematic review in this area, though both Bolen (2003) and Crawford (1999) have provided summaries of the findings relating to personality features of non-offending mothers. Although this review included a comprehensive search of electronic databases, as well as grey literature, this review was not without its limitations. Time constraints meant that only English language papers were included, as the author did not have the necessary resources to translate non-English papers. The author was unable to locate or access full text versions of four papers that upon screening, appeared to meet the criteria for review, particularly where electronic articles were not available. It was considered that the Covid-19 pandemic may have impacted on the availability and responsiveness of those contacted to access these papers, with the global pandemic having an impact on job roles, as well as individual capacity for dealing with enquiries. Further, it is still likely that the review was subject to some publication bias, where studies reporting significant findings are more acceptable for publication.

The lack of consistency in the methodology across the studies made drawing comparisons more difficult. Further, the quality of each of the studies was found to be negatively impacted by measurement bias and reduced

reliability of results. Therefore, conclusions have been drawn with caution. Although the tools used within the studies are recognised as superior to professional judgement alone, they still relied upon the mother's self-report of her attitudes, beliefs and experiences, largely at a time when she would likely be motivated to present herself in a positive light.

The inclusion criteria for this review was non-offending mothers of children harmed by another caregiver, but much of the research includes extrafamilial abuse of children, as well as extended family members. Further, this review excluded studies relating to fathers. In relation to the exposure, only studies reviewing the personality of mothers were included. Findings relating to concurrent problems with the mother's functioning, such as mental health problems, substance misuse, and domestic abuse may be exacerbating factors that contribute to a mothers' difficulty caring for her child, or inform intervention and support for NOMs. Therefore, the degree to which these findings can be generalised to the wider population of NOMs is questionable. The studies were all North American, and only data related to mothers were extracted. They only explored cases of sexual abuse, and after it had been brought to the attention of the authorities, suggesting a degree of severity to the abuse. Cases of other forms of abuse were underrepresented. Finally, it was not determined what proportion of the sample across the studies had reported the abuse themselves, or how they had come to know about the abuse. Nor was it determined whether the non-offending mothers had remained in a relationship with the perpetrator, when the perpetrator was her husband or partner, so it is unknown to what extent personality traits would differ across these populations.

#### *4.3 Implications and Future Directions*

Despite the stated limitations, in conducting this review, it has been possible for the author to identify the overall findings and shortcomings of previous research relating to the personality of non-offending mothers. It is suggested that anxiety, depression, and introversion are key areas for NOM interventions to focus upon.

With the exception of two studies, much of the research relating to non-offending mother psychopathology is over 25 years old and was produced prior to developments in personality assessment, as well as changes in household cultures and gender roles; thus it will be helpful to update this literature. It will

be important for future research to include a large sample to reduce the likelihood of type-II error. Further, the presence of personality features, when explored along with other intervening variables would likely better identify factors that could impact on the mother's ability to act as a protector.

Non-offending mother personality characteristics as an area of research is complex and diverse. It would appear that it would still not be possible to offer an intervention model that targets specific aspects of personality. Lacking from the existing literature is consideration of the mother's perspective of future risk. A mother with a relatively 'normal' personality profile may have difficulties on offering protection for her child, from further abuse, because she does not perceive the perpetrator as posing further risk. Therefore, research in this area should extend the population, taking into account variables relating to the NOMs' ability to act as a protector, a supervisor, a parent, and a partner.

### **Chapter 3 - An investigation of the characteristics of non-offending mothers in abusive families using retrospective MMPI-2 data**

This study investigates the personality characteristics of non-offending mothers ( $N = 101$ ), subject to local authority intervention based on retrospective data from Minnesota Multiphasic Personality Inventory-2 (MMPI-2) administration during psychological assessment. Case files of mothers whose children had been found to be abused by their father or mother's partner, were reviewed and data extracted to look for patterns in personality profiles. The cognitive capacity and the affective state of the mothers was also considered, along with their response to reporting of the abuse and their personal risk circumstances. Results showed that the mothers were largely of low-average to average intelligence. Many accepted the finding that abuse had occurred and ended the relationship with the perpetrator. Of those that did not accept the findings, almost half remained in the relationship. Clinically significant anxiety symptomatology was detected in 40 per cent of cases, though generally, anxiety and depression were reported to be in the moderately normal range. MMPI-2 analysis yielded significant results, when compared with a normative sample, in relation to hypochondriasis, depression, hysteria, psychopathic deviate, paranoia, psychasthenia, schizophrenia, and social introversion dimensions. Study limitations and directions for future research are discussed.

**Keywords:** *MMPI-2, personality, mothers, child abuse, retrospective, court*



## **1.0 Introduction**

### *1.1 Background and Existing Literature*

Early theories regarding non-offending mothers (NOMs) described victim's mothers as cold (Rascovsky & Rascovsk, 1950), "hard, careless in dress and personal appearance; infantile, extremely dependent and intellectually dull" (Kaufman, Peck & Tagurini, 1954, p. 269). Hersko, Halleck, Rosenberg and Pacht (1961) further suggested that non-offending mothers (NOMs) "harbour a good deal of hostility toward men" (as cited in Bolen, 2003, p. 1342). A year later, Cormier, Kennedy, and Sangowicz (1962) concurred, suggesting that many mothers of sexually abused children, in particular, were "frigid, hostile, and unloving women," although some were "passive and submissive" (p. 207). Despite limited empirical support for these claims (Bolen, 2003; Crawford, 1999), as a result of such views, some professionals failed to see mothers as resources and support for child victims during the recovery process, instead seemingly blaming the mother for the abuse. These perspectives show that the theoretical picture of NOMs, as supported by literature, is important, as it can influence perceptions of professionals and the manner in which they deliver services to service users (Crawford, 1999; Dietz & Craft, 1980; Myers, 1985).

Browning and Boatman (1977) were among the first to suggest that psychological functioning might better explain a mother's behaviour when her child is abused, their suggestion being that depression might be an explanation for this. This was further supported (Wagner, 1991), but later studies found that depression could only be determined as an aspect of a mother's emotional reaction to the disclosure of the abuse, rather than pre-existing (Andrews, Brown, & Creasy, 1990; Newberger, Gremy, Waternaux, & Newberger, 1993). In order to more comprehensively understand mothers' functioning, research began to address the issue of underling psychopathology (e.g., Myers, 1985).

As reported in the results of a systematic review (see chapter 2, section 3.0), personality assessment of non-offending mothers has previously yielded varied results and has largely focus on mothers of sexually abused children. Mothers have been found to be significantly lower than norms on factors relating to warmth, emotional stability, impulsivity (Muram, Rosenthal & Beck, 1994; Smith & Saunders, 1995), imagination, extraversion, independence, and radicalism, and higher than norms in relation to self-sufficiency (Smith &

Saunders, 1995). Despite some significant differences to the norm, Smith and Saunders's personality measure findings fell within the non-clinical range and did not indicate that mothers in incestuous families have distinctive personality traits. Similarly, Scott and Stone (1986) reported 'normal' profiles for mothers, with little indication of even expected levels of depression or anxiety, in spite of the fact that all of the mothers in the sample had recently gone through some fairly serious personal and familial turmoil. Again, Muram, Rosenthal, and Beck (1994) reported no evidence that victim mothers displayed noteworthy psychopathology, except some data showing poor self-control, and evidence that to a small, but significant, degree that victim mothers were less outgoing than control mothers.

In contrast, Friedrich (1991) found that some personality features of parents of sexually abused children may contribute to imprudent mate selection and parenting problems. In addition, some of these same personality features may contribute to immature, impulsive, and egocentric behaviour, increasing the likelihood that the mother would choose a partner capable of abusing her child, and that features of the mother's personality also put the child at risk of significantly more severe and longer lasting abuse (Friedrich, 1991). In one study mothers of abused children were found to be of lower intellectual abilities (Peterson, Basta, & Dykstra, 1993), and, in relation to their personalities, showed greater neuroticism, through preoccupation with bodily dysfunctions, low energy, increased feelings of worthlessness, blame, suspiciousness, and rejection, as well as more unusual impulses, anxiety, and obsessional behaviour.

More recently, Cyr, McDuff and Herbert (2013) conducted a cluster analysis, grouping personality elevations into four groups, to determine 'subtypes' of mothers. Their results suggested that NOMs were just as likely to be resilient (i.e. those who scored low on the measures), as they were to be avoidant (i.e. those who reported moderate levels of PTSD symptoms, and higher levels of avoidant coping). The remaining third of their sample equally formed two further groups, a traumatised group, and an anger-orientated group. Chiaramello et al. (2018) found mothers' anger towards the perpetrator increased if she had been living with him during the time of the abuse, and with the presence of physical violence. Notably, this was the only paper identified that considered the personality of mothers of physically, as well as sexually abused children. Maternal anger towards the child was associated with a poorer

child-parent relationship, and maternal neuroticism. Looking at personality traits, Chiaramello et al. (2018) were able to suggest that increasing maternal extraversion and conscientiousness, as well as tailoring interventions to different personality styles, contributed to determining positive outcomes (such as maternal support for the child victim, and family reunification) following child abuse disclosures.

## *1.2 Current Study*

Despite the progression in the research of NOMs, the vague and inconsistent reports have still led to concerns of an absence of substantial, targeted support, counselling, or advocacy services for non-offending mothers of abused children, as well as a lack of any meaningful social scientific evidence on the nature and extent of the unique problems faced by such mothers (Stitt, 2007). More recently van Toledo and Seymour (2013) reported a continued need for caregiver support in aiding child-victim recovery, with literature focussing on interventions for NOMs.

What little research literature does exist largely relates to North American populations, or focuses upon the child victim of the abuse, and this is mainly sexual abuse, the perpetrators of the abuse, or the mother, as partly to blame. When reviewing literature relating to mothers of non-sexually abused children, this has looked more at differences in behavioural patterns between abusive and non-abusive mothers (Mash, Johnston, Kavitz, 1982), than at the characteristics of the non-abusive mothers. Furthermore, when considering the existing literature measuring personality of NOMs, various tools have been used, including the MMPI (Friedrich, 1991; Scott & Stone, 1986), but no study had been conducted using MMPI-2 data. Thus, this research will generate more up-to-date information from a widely used tool, with data from psychological services actively involved in providing family courts with expert witness reports.

With the lack of cohesion in the existing literature, as well as much of it being outdated and reporting on U.S. populations, and as some of the existing studies were found to be of relatively low quality (see chapter 2, section 3), it was deemed necessary to explore this population further, so producing relevant information to inform targeted support and interventions for non-offending mothers. The aims of the study are: to determine if there are any personality features present in the NOM population, relative to a control comparison of

general population women; to explore if there is a relationship between the personality features of the mothers and the type of abuse that occurred in the household; to establish if the mother's experience of domestic violence or abuse (DVA) by the perpetrator relates to the type of abuse inflicted upon the child/ren; and to explore how cognitive abilities relate to the NOMs personality patterns. The study will also look at information regarding the mother's response to the abuse, such as, whether she accepted or denied that the abuse occurred, whether she remained in the relationship with the perpetrator, and whether she reported a negative affective state.

The exploration will be conducted using archival data, of which the researcher had unique access to. Thus, the choice of methodology was largely opportunistic, but it was seen as advantageous to explore a population that is otherwise difficult to access. Further, the information was gathered from the mothers for the purposes of a psychological assessment, rather than for research purposes, reducing the researcher and attrition biases and improving the internal validity, with a "real-life" sample (Khan, ter Riet, Popay, Nixon, & Kleijnen, 2001; Roche et al., 2013). Looking at the advantages of using a retrospective study design, Sedgwick (2014) suggested that when a cohort in a study is population based, it is representative of the population. Further, he noted that, as the exposure to the measured risk factor (child abuse, in this case) and the outcome (the assessment of the mother) occur before the research, temporal sequencing issues that arise in case-control studies, such as recall bias, are less likely to affect a retrospective study (Sedgwick, 2014).

## **2.0 Method**

### *2.1 Participants*

The sample used in this study consisted of data extracted from psychological assessment reports produced for care and family proceedings from a single legal practitioner centre. Although this data could be subject to selection bias, coming from one single source, the organisation from which it came provides assessment for the whole of the UK. Even so, it is recognised that multiple sources would have improved the data quality, offering more diversity in the approaches to information gathering. The participants were selected based on particular inclusion and exclusion criteria, in that there was a degree of similarity

in the circumstances for them to be considered a non-offending mother. The sample ( $N = 104$ ) were the non-offending mothers (NOMs) of children who had been found, at minimum, on the balance of probability, to have been harmed by the father, or mother's partner. In some cases, criminal proceedings had occurred and there was a conviction, but cases were included where criminal proceedings had either not occurred, or had concluded with a hung jury or not guilty verdict, but civil law proceedings, or a Finding of Fact hearing, had found that the abuse was more likely to have occurred than not (Davies, 2009). In relation to this, it was recognised that the research could have included only cases with criminal convictions of child abuse. However, it was considered that in circumstances where a Judge had deemed through a Finding of Fact that child abuse had occurred, these cases would also be appropriate for review. This was because criminal proceedings rely on the quality of the evidence presented in Court, which in child protection cases often depends on the competency of children as witnesses, which has been subject to question (Haugaard, Reppucci, Laird, & Nautul, 1991). Therefore, despite the evidence not being strong enough for a Court to conclude that child abuse occurred beyond reasonable doubt, it was still considered important to review cases where those with expertise in the area had concerns based on the balance on probability. The mothers were excluded if they had been considered to have directly perpetrated harm to their child/ren.

A further three cases were excluded due to respondents invalidating the personality measure infrequency scale ( $F$ ), with T-scores over 100, yielding a final sample of 101. The mean age of the mothers was 31.3 years ( $SD = 7.88$ ). They had a mean of 2.4 children ( $SD = 1.54$ ) and had been in ( $M$ ) 3.06 significant relationships ( $SD = 1.63$ ). All of the mothers were British, with English as a first language. With a sample size so close to 100, the use of percentages for descriptive statistics aided in clarifying the size of the subgroups within the total sample. In response to finding that their child/ren had been abused by the other carer, 35% ( $n = 35$ ) of the sample mothers denied that the abuse occurred, and 31% (of the total sample) remained in the relationship with the perpetrator. Of those that accepted that the abuse occurred ( $n = 63$ ), 8% remained in the relationship. In relation to the types of abuse that had occurred, in 15% of the cases the child/ren had been emotionally abused only, 34% of the cases involved the child/ren being physically abused (non-sexually);

the child/ren had been sexually abused in 43% of the cases and, the remaining 8% of cases involved physical and sexual abuse.

## *2.2 Procedures*

The datum was gathered, retrospectively, with the use of a pre-defined and trialled pro-forma, for uniformity in data extraction from assessment reports. Each assessment report was thoroughly reviewed, and information from the mother's self-report, both in interviews and on psychometric measures, was collated to form the dataset. As stated above, cases were removed when it had been reported or considered that the mother had been involved in the abuse perpetration. This information was largely available from third parties, with the court documentation summary sections of the report also being reviewed. Similarly, information regarding risk, such as the mother's self-harming behaviour or suicidal ideation, alcohol and substance use, police involvement, and DVA was gathered from self-report and cross-checked with third party information such as medical records and social work thresholds.

The information had been gathered as part of a court ordered psychological assessment, where the assessing psychologist was acting as an expert witness. In some circumstances, the child victim has been removed from the mother's care, particularly when the mother had remained in the relationship with the perpetrator. At the time of the assessment, it was not known to the participant that their information would be used in retrospective research, though permission was sought at the outset of the assessment, as standard organisational procedure (describe in further detail in section 3.4, below). The information was gathered over two, three-hour appointments, between 2010 and 2018. During the time-period in which the assessments were conducted, there had likely been numerous changes in the clinical staff who had involvements with elements of the assessment. However, uniformity of information gathering had been established through a semi-structured interview format (Adams, 2015) by staff with a minimum qualification of trainee psychologist or similar.

As well as interviews, information, or datum, was gathered from the mothers through psychometric measures. The use of measures was dependent upon the issues being assessed and availability of resources, at the time. It has been found that the employment of psychometric testing in addition to

documentation review and clinical interviews offers the best opportunity to produce a comprehensive psychological report (Wilcox, 2000; Wilcox & Donathy, 2020). In general, the battery of psychometric assessments administered included measures of cognitive/intellectual functioning, personality/social functioning, mood, mental status and issues of specific relevance to the nature of the instructions. As this was data gathered retrospectively, the selection of the psychometric measures had been completed, with the most common areas of assessment being cognitive/intellectual functioning, personality, and affective state. In order to develop a cohesive dataset, homogeneity of measures was sought, with results from the most frequently used being included.

### 2.3 Measures

#### *Hospital Anxiety and Depression Scale (HADS)*

Affective state was measured using the Hospital Anxiety and Depression scale (HADS; Zigmund & Snaith, 1983). The HADS is an assessment which measures an individual's response to stress or pressure in daily life. It has 14 items, seven of which form one scale for assessing tense or anxious feelings, HADS-A, and another scale (remaining seven items) for evaluating low moods and accompanying symptoms of apathy or lethargy, HADS-D. It was developed in general medical outpatient clinics on 100 adults of both sexes between the ages of 16 and 65, who suffered from a wide variety of complaints and illnesses.

The internal consistency of the two subscales revealed that for the anxiety items the correlations ranged from +0.76 to +0.41 and the significance of all these was  $p = < 0.01$ . The items in the depression scale had correlations ranging from +0.60 to +0.30, all significant beyond  $p < 0.02$ . In testing if the scores on the two subscales could be used as indicators of the severity of depression and anxiety, respectively, Zigmund and Snaith (1983) conducted Spearman correlations for depression ( $r = 0.70$ ), and for anxiety ( $r = 0.74$ ). Both these figures were significant ( $p < 0.001$ ) and it was concluded that the subscale scores could justifiably be used as measures of severity. Further, all studies of reliability of the measure have reported Cronbach's coefficient alpha  $\geq .60$  (Bjelland, Dahl, Haug, & Neckelmann, 2002). As the datum from this measure was gathered retrospectively from psychological reports, it was not possible to calculate alpha, with individual item scores not being available.

### *The Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2)*

All of the mothers had been administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Friedman, Webb, & Lewak, 1989) to assess their personality features. The MMPI-2 assesses interrelationships amongst a wide-range of personality characteristics including depression, hypochondriasis, social introversion, psychopathic deviance, masculinity/femininity as well as features associated with neurotic and psychotic conditions. The MMPI-2 also contains a lie scale, a scale concerned with psychological coping, and a general psychopathology measure.

The MMPI-2 is a revised version of the MMPI (Hathaway & Mckinley) and was normed on 1,138 males and 1,462 females between the ages of 18 and 80 from several regions and diverse communities within the U.S. Data was collected on the test-retest reliability of the validity and clinical scales (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989).

Each of the mothers was administered the MMPI-2 as part of their psychological assessment. With 567, forced-choice, true/false items, the completion times varied between 20 and 90 minutes. Each of the respondents was given an opportunity to raise any queries about the meaning or language use of the items on the questionnaire. This was particularly encouraged in cases where a composite cognitive score  $\leq 80$  was detected.

### *Shipley-2*

A cognitive composite score was assigned to each of the participants, due to a lack of homogeneity in the administration of cognitive measures administered. Some of the sample had been given the Shipley-2 (Shipley et al., 2009) to complete, whereas others were administered the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II; Wechsler, 2011). The Shipley-2 is a revised and re-standardised measure used to assess cognitive functioning and impairment. The Shipley-2 was standardised against a normative sample of 2,826 participants. This sample consisted of two separate age groups (children ages seven to 19; adults ages 17 to 89), broadly representative of the demographic characteristics of the 2005 U.S. Census along the factors of gender, race/ethnic background, educational level/socioeconomic status. Standard scores were based on a mean of 100 and standard deviation of 15, such that the individual scores would be directly comparable to other modern



tests of cognitive ability (Lodge, 2012). It is a robust measure of both crystallized and fluid intelligence. The Shipley-2 measures two aspects of cognition: crystallized knowledge, which is gained through education and experience; and fluid reasoning, or the capacity to use logic to learn and acquire new information or solve problems. An assessment of test-retest reliability among 296 individuals from the standardisation group demonstrated similarly high levels of stability of the measures scores over time, with correlation coefficients of .74 to .94 across the sample.

#### *Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)*

The WASI-II is a short, four or two scale, test form of intellectual ability that allows the exploration of verbal, performance and full-scale intelligence. The normative sample included 2,300 examinees divided into 23 age groups, ages six through 90 years. When compared to full methods of assessment, notably the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV; Wechsler 2008), from which it is derived, it has been found to be highly valid and reliable and removes the need for the individual to undergo an extensive test, when they are functioning in the normal range of adult intellectual ability. Each produces an overall estimated cognitive composite score and can be considered a predictive measure of an actual WAIS-IV Full Scale Intelligence Quotient (FSIQ). The Shipley-2 and WAIS-IV have been found to have concurrent validity (Lodge, 2012). Highly significant correlations were detected between the WAIS-IV FSIQ and Shipley-2 scores, with the highest levels of correlation occurring between Lodge's participants' FSIQ and their Shipley-2 composite standard scores.

#### *2.4 Ethics*

Ethical approval for the study was granted by the organisation to whom the data belonged, Wilcox Psychological Associates Limited (WPA Ltd.), and the University of Nottingham's Faculty of Medicine and Health Science Research Ethics Committee (reference number 99-1806). The data were archival and secondary data and, therefore, no consent form or information sheets were provided to participants as consent was given, verbally and written via a form provided to every person who agreed to take part in the psychological assessment as part of the court proceedings, and their participation was voluntary. The form read verbatim: "*WPA limited is an organisation committed to continuing professional*

*development and many of our staff regularly engage in research. If you are willing to allow your anonymised data to be used for research purposes, please sign below". Cases were not included where this consent had not been given.*

Access to case files was gained through the organisation's online archive system, which was accessible through a secure portal and contained previous psychological assessments of mothers involved in family and care proceedings. The reports were all archived in a manner which complied with the Data Protection Act 1998. The data are owned by WPA and is not in the public domain. Access to data was obtained through organisational approval, giving the researcher permission to access and anonymise it, removing any information that would make any participant personally identifiable. Once a case was included, the data were extracted and collated, with the database being saved in a password protected folder on the WPA secure server, accessible only at WPA offices in Birmingham, United Kingdom.

The nature of the research involved reviewing cases detailing severe child abuse, in order to extract the data relating to the (NOMs). This was considered to have an impact on the researcher's emotional wellbeing. Therefore, peer supervision was sought to address the negative emotional effect of repeated exposure to this content, as well as regular breaks and increased self-care efforts.

### **3.0 Results**

The data were compiled and analysed using IBM SPSS Statistics, Version 26. The dataset was then viewed as a whole, as well as identifying subgroups of mothers, dependent on the abuse that had occurred in the home (emotional, physical, sexual). Explorations regarding the presence of personality features were compared with controls using a series of *t*-tests and interactions were explored through correlations of chi-square analysis.

#### *3.1 Descriptive Information*

In relation to the mothers' circumstances, 77% reported domestic abuse within their relationship with the perpetrator. Regarding their own risk behaviours, 24% reported excessive alcohol use, 24% reported use of illicit substances and 11% of mothers reported simultaneous alcohol and substance misuse. Although

non-offending in terms of child abuse, 36% reported having had police involvement or a forensic history. Information from both self-report and medical record reviews revealed that 26% of the sample had a history of self-harming and 36% reported having had suicidal ideation, with 18% having had at least one occurrence of attempting suicide. Taking account of a probability level of .02 or below, a technique used due to a lack of parity when also using the data for comparison with an uneven sample from another population (McCluskey & Lalkhen, 2007), there was no significant association between the mother's experience of DVA and the nature of the child abuse within the home,  $\chi^2 (3, N = 101) = 8.16, p = .04$ . Chi-square tests also showed that mothers who accepted that the abuse occurred were significantly more likely to leave the relationship ( $\chi^2 (2, N = 101) = 29.24, p < .01$ ) with the perpetrator. It was found that in the cases where the mothers denied, or did not accept, that the abuse had occurred they were almost twice as likely to remain in the relationship ( $n = 23$  [remained],  $n = 12$  [left]).

On the measure of cognitive abilities, the mean score was 86.84 ( $SD = 12.94$ ), with a minimum of 60 and a maximum of 122, indicating that the sample mothers ranged from borderline or mild cognitive impairment ( $n = 30$ ) to above average intelligence ( $n = 6$ ), but were largely representative of low average to average intelligence (Wechsler, 2008).

In relation to affective state, the mean score for anxiety was 8.78 ( $SD = 5.02$ ) and for depression was 5.56 ( $SD = 4.75$ ). On the HADs, scores greater than 10 are indicative of clinically significant anxiety and/or depression symptomology. Within this sample, 40% of the mothers reported clinically significant levels of anxiety, with 11% reporting extreme elevations (scores  $\geq 15$ ). For depression, 11% were found to have elevated the scale to a clinically significant level, with 6% in the extreme range.

### *3.2 Analysis of Personality*

With the absence of an experimental control group in this study, the results of the MMPI-2 were viewed in comparison to mean scores of an MMPI-2 re-standardisation group (Butcher et al., 1989) reported in Alessi, White Ray, Ray and Stewart (2001). The MMPI-2 re-standardisation sample consisted of 894 married American women, with an average age of 41.8 years. It was recognised that the comparative sample was an American population, whilst this study

looked at British mothers, only. In order to determine the discrepancies between UK and USA population samples, Carstairs, Beazley Richards, Fletcher, Droscher and Ecob (2012) ran a comparison of MMPI-2 trends in UK and USA parental competency examinees. Looking at a sample of 89 UK parents who had undergone court-ordered parental competency evaluations and comparing it with the results of 127 US parents in Stredny, Archer and Mason (2006), Carstairs et al. (2012) found MMPI-2 results for UK parents to be largely consistent with US parents. One significant difference was found between the two samples on scale 5, the Masculinity/Femininity scale. This discrepancy was described as likely relating to UK parents reporting interests in more traditional stereotypic feminine and masculine activities, and notably did not relate to the differences or similarities in the psychopathology of the two samples. Generally, the study was used as an indication of the MMPI-2 reliably being used in the UK with parents who are undergoing court-ordered evaluations.

Results of the comparison between the experimental group and the control scores on the MMPI-2 can be found in table 3.1. A series of *t*-tests ([Social Science Statistics], n.d.) revealed significant differences between the NOMs and the re-standardisation women's group were found on several clinical scales. Thus, NOMs reported more neurotic concerns over bodily functioning, more depressive symptomology, more somatic complaints. The NOMs scores were also indicative of greater social maladjustment, increased interpersonal sensitivity, increased anxiety, and higher levels of social discomfort or isolation (Butcher et al., 1989; Nichols, 2001). Effect sizes (Cohen's *d* – due to the variance in sample sizes) were used to determine the strength of the difference between NOMs and the control female group's personality patterns, showing a large effect in relation to all significant scales, except social introversion.

The largest effects were in relation to one of the validity scales (*L*), indicating that the NOMs were significantly more likely ( $M = 67.46$ ,  $SD = 12.87$ ) than the comparison group ( $M = 50.32$ ,  $SD = 9.68$ ) to adopt an impression management approach when responding on the measure, denying some common human faults,  $t(993) = 16.25$ ,  $p < .001$ ,  $d = 1.51$ . In contrast, although 44% of the participants underreported psychopathology, the results indicated that NOMs were significantly more likely to overreport psychopathology ( $M = 62.22$ ,  $SD = 14.23$ ) than the comparison sample ( $M = 48.56$   $SD = 9.00$ ),

**Table 3.1** *MMPI-2 comparison of experimental and normed samples*

Scale	Non-offending mothers			Re-standardised sample		
	Mean	Std. Deviation	(% with scores $\geq 65$ )	Mean	Std. Deviation	Effect size ( <i>d</i> )
<i>F</i>	62.22**	14.23	(33.0)	48.56	9.00	1.15
<i>L</i>	67.46**	12.87	(43.6)	50.32	9.68	1.51
<i>K</i>	53.80	10.10	(11.9)	50.20	9.71	
Hypochondriasis ( <i>Hs</i> )	62.03**	12.32	(28.7)	49.96	9.64	1.09
Depression ( <i>D</i> )	62.29**	12.91	(30.7)	50.07	9.75	1.07
Conversion						
Hysteria ( <i>Hy</i> )	59.42**	13.46	(23.8)	50.01	9.82	0.79
Psychopathic Deviate ( <i>Pd</i> )	61.62**	13.95	(38.6)	48.78	9.46	1.07
Masculinity-Femininity ( <i>Mf</i> )	55.99	9.32	(13.9)	49.30	9.77	
Paranoia ( <i>Pa</i> )	61.98**	15.15	(31.7)	49.31	9.52	1.00
Psychasthenia ( <i>Pt</i> )	59.10**	11.20	(20.8)	49.76	9.63	0.89
Schizophrenia ( <i>Sc</i> )	58.93**	12.58	(25.7)	48.69	9.15	0.93
Hypomania ( <i>Ma</i> )	50.84	10.05	(6.9)	48.61	9.43	
Social Introversion ( <i>Si</i> )	54.44*	11.34	(17.8)	50.43	10.00	0.37

\* significant to  $p < .01$  level

\*\* significant to  $p < .001$  level

as well,  $t(993) = 13.48$ ,  $p < .001$ ,  $d = 1.15$ . The deliberate overreporting, that 33% of the NOMs engaged in, is either recognised in terms of a 'cry for help', when detected in forensic settings, or is indicative of difficulty understanding and completing the inventory (Nichols, 2001). To explore the latter explanation, a Pearson's  $r$  was conducted on scale  $F$  and cognitive scores, revealing a negative correlation,  $r(95) = -.20$ ,  $p = .046$ , seemingly suggesting that, although weak, there was indication that decreased cognitive abilities lead to increased  $F$ ; thus supporting the explanation that a portion of those that elevated the  $F$  scale did so due to having difficulty understanding the measure. A positive correlation was found in relation to cognitive scores and  $K$  scale scores,  $r(96) = .21$ ,  $p = .035$ , suggesting that as cognitive abilities increased, so too did the respondent's tendency to control and limit disclosure of distress and difficulties.

Clinically meaningful elevations were found on every scale. Clinically meaningful elevations are scores above  $T \geq 65$  (Butcher et al., 1989). The percentage of participants who produced clinically meaningful elevations is included in table 3.1. Nearly half of the NOMs (38.6%) produced a clinical elevation on the  $Pd$  scale. This was indicative of them reporting alienation,

social disinhibition, and a tendency to come into conflict with others, due to poorly developed conscience and lack of moral standards. The second most frequently elevated scale was *Pa*, which relates to interpersonal sensitivity, resentment, ideas of being misunderstood, mistreated, or controlled by others. Slightly in contrast with the results on the HADS, the next most elevated scale was scale *D*. Although this scale measures aspects of symptomatic depression, it also detects distress, pessimism, low morale, and physical discomfort. Further, a Pearson's *r* correlation revealed that as scores on the HAD-D increased, so did the scores on the MMPI-2 *D* scale,  $r(98) = .51, p < .001$ . The 28.7% of NOMs who elevated the *Hs* scale reported a preoccupation with their own health, manifesting physical discomfort as an expression of emotional discomfort. One quarter of the sample (25.7%) produced an elevation in relation to *Sc* due to reporting severe alienation, self-contempt, cognitive disturbance, and/or losing touch with reality.

A series of ANOVAs were conducted to explore the interplay between the measured variables. Firstly, the mothers were grouped in terms of the abuse perpetrated to their child (i.e. emotional, physical, sexual, all). The analysis then looked at whether there were differences between the NOMs, in terms of their cognitive abilities and their victimisation of DVA, with the type of abuse that occurred in the household. There was a statistically significant difference between the effects of cognitive abilities of the mother and the group they fell into regarding abuse suffered by the child,  $F(3, 91) = 3.42, p = .021$ , but not in relation to the mother's cognitive abilities and victimisation of DVA. Post hoc tests were conducted to explore the pairwise effects between cognitive abilities of the mothers and abuse experienced by the child/ren, revealing that the cognitive abilities of mothers of children who experienced all types of abuse were significantly lower than the cognitive abilities of mothers of physically abused children ( $p = .023$ ). There was no statistically significant difference between the others forms of abuse. Further, no significant difference was found between types of abuse experienced by the child/ren and the personality patterns of the mother.

Cognitive abilities were also explored in relation to personality patterns, revealing small correlations in relation to depression and social introversion. Both MMPI-2 scales were negatively correlated with cognitive scores, suggesting that, the NOMs who reported higher levels of depression, presented with lower

cognitive abilities,  $r(96) = -.23, p = .022$ , and that those with lower cognitive abilities, reported more social difficulties,  $r(96) = -.24, p = .019$ .

## **4.0 Discussion**

### *4.1 Findings*

The findings of this study did not find any significantly identifiable differences amongst the NOMs based upon the type of abuse that occurred in the household. The only result of note related to NOMs of lower cognitive abilities being significantly more likely to come from a household where their child had been physically and sexually abused, compared to when only physical abuse had occurred. Despite 77% of the NOMs experiencing domestic violence or abuse by the perpetrator, this did not determine any differences in the type of abuse perpetrated to the child. There were no significant differences between the type of abuse that occurred in the household and the personality patterns. Thus, it could not be determined if a certain personality features, along with victimisation of domestic violence or abuse, would correlate with a mother's ability to protect her child from physical, sexual, or emotional harm.

In response to the finding that abuse had occurred in the household, the NOM was significantly more likely to end the relationship with her partner, when she accepted and believed that the abuse had occurred. However, when she denied that the abuse had occurred, she was significantly more likely to remain in the relationship. In 8% of cases, the NOMs accepted that the abuse occurred and remained in the relationship with the perpetrator.

Over half of the mothers (51%) reported experiencing clinically elevated anxiety and depression symptomology, at the time of their assessment, though it could not be confirmed if this was in response to the assessment process, the general local authority intervention, to the revelation that their child/ren had been abused, or if it was a pre-existing state that could have contributed to a child coming into harm whilst in their care. If viewed alone, like in the earlier explorations of NOMs' psychological functioning (Browning & Boatman, 1977; Wagner, 1991), difficulty determining cause and effect would have given this information no relevance (Andrews, Brown, & Creasy, 1990; Newberger, Gremy, Waternaux, & Newberger, 1993). The information regarding the NOM's affective state contributed to this study by correlating with the relevant personality scales

to determine the inheritance of these features. Further, as it was reported that 26% of the sample had a history self-harming, 18% had attempted suicide, 24% had a history of substance misuse, and 24% had a history of alcohol misuse, there was some evidence that the difficulties faced by these NOMs extended further than their child/ren coming to harm in their care. Therefore, it would be important for future research to account for NOM histories.

The cognitive abilities of the NOMs varied from borderline intellectual difficulties, to above average levels of intelligence, with the majority falling in the low average to average range. In terms of how this impacted on the rest of the study, there may have been some issues with responding to the measures (discussed in more detail below), but it was also found to have correlated with two of the personality scales. As with Peterson et al. (1993), the NOMs with lower cognitive abilities were found to have increased anxiety (in relation to social situations), low energy, and self-blame, though elevated thoughts and behaviours related to paranoia, rejection, control, and hypochondriasis were not correlated with cognitive abilities in the present study.

The significantly present personality patterns (when compared with the norm) related to the NOMs' tendency to manifest physical symptoms (hypochondriasis) as an expression of emotional discomfort, preoccupation with health, pessimism, low morale, tendency to be intropunitive, and general reporting of distress. Further, they were identified as being significantly more likely to feel resentment, worries, obsessions and fears (psychasthenia), as well as cognitive disturbances and feelings of being misunderstood. (It was recognised that the personality scales, as labelled on the MMPI-2, examine areas also measured by other personality tools, though there were differences in the terminology used. Therefore, for comparison of elevations across studies, more common descriptors are used herein to explain personality presentation). In support of Chiaramello et al. (2018), the NOMs reported alienation, social disinhibition, and poorly developed conscience. Although significantly elevated above the norm group, and despite varying numbers of NOMs reporting elevations that fell in the clinically significant range, none the mean scores on the scales of the MMPI-2 were in the clinical range for the NOM group, meaning that like Smith and Saunders (1995), these mothers did not have distinctive personality patterns, when viewing elevations of the clinical scales alone. The elevations did, however, indicate increased vulnerability in these mothers, with a



potential absence of protective factors, particularly where alienation, social disinhibition and personal distress were identified. Although these personality features have not been used to predict a mother's ability to protect her child from harm, her increased vulnerability may impact on her dependence on her partner, and the risk of the child being abused.

#### *4.2 Limitations*

The first limitation of this study relates to the method of data collection.

Although retrospective data aids in the reduction of researcher bias, it is difficult to determine if there was uniformity in the data collection. The information was collected from psychological assessments, which were conducted by various different professionals. Although a semi-structured interview format was used to gather information over the eight-year period, it is possible that staff of the organisation varied in experience and in interview style, with some gathering more information than others. Data that were noticeably missing from the current study included the age of the child victims and the number of children abused within the household. It was also not determined what percentage of the perpetrators were the biological fathers, and what remaining percentage were not. This information would have aided the exploration of the mother's responding to the abuse, i.e., whether more or fewer mothers remained in the relationship when the perpetrator was the father of her child/ren, and if the child's relationship with the perpetrator had any impact on mother's denial or acceptance that the abuse occurred. It was also not determined at the time of data synthesis, whether the child had been removed from the mother's care. Considering the responding patterns found within the validity scales on the MMPI-2, motivation to have a child or children returned to her care, may have influenced a mother's responding on the measures.

Due to the data being collected within the context of psychological assessments for care and family proceedings or pre-proceedings, which are time-limited, full cognitive examinations were not often carried out unless they had been specifically instructed. Therefore, the cognitive functioning of participants is represented by a 'composite score', either with use of the Shipley-2 or WASI-II. Despite evidence for the concurrent validity of these measures, the study would have been strengthened with the consistency of cognitive scores.

Finally, although this study looked at cases where findings concluded that a child had come into harm by a caregiver, other than the mother, it is important to note that the referral for the psychological assessment was often due to concerns by a local authority that the mother had 'failed to protect' the child, and in doing so, had caused the child emotional harm herself. Therefore, again, it would have benefitted the study to include information about the placement of the child following the findings, as well as administering a measure relating to child protection.

#### *4.3 Future Directions*

Future research may look to address the limitations of the present study with culturally and demographically matched controls, as well as more in-depth information. In relation to personality, by grouping the personality scales into coded personality types, elevations could be viewed in conjunction with others variables to offer information, such as, if there is particular type of mother who is more likely to remain in relationship with the perpetrator, based on their personality type or traumatic experiences, and if there are specific personality types, or subgroups, that are present in this group (see chapter 4, below). Viewing personality features in these patterns, along with the mothers' adverse childhood experiences, and their response to the disclosure, would, like Cyr et al. (2011), offer professionals working with NOMs a relevant, person-centred, approach. Further research may further confirm the diversity of this group, but with detailed evaluation of intervention needs, so that support can be tailored for subgroups, optimising the potential benefits for the NOM and her child/ren.

#### *4.4 Summary*

Overall, this study aimed to determine personality features present in a NOM population, along with any other patterns that might contribute towards informing future directions regarding this population. The use of retrospective data was important for gathering this information as there are limited means of accessing this study group and obtaining such depth of information. Referrals are frequently made for psychological assessments of mothers in order to explore their potential or capacity to protect their children from future harm, and support their child's recovery. This study set out to explore personality features

that may uniquely exist in this group, as well as other factors that may contribute to their ability to act in a supportive role in the future.

Preferably, a control group would have included the psychological profile of mothers not subject to care proceedings, who were more closely matched to the experimental group demographically and culturally. Further, the comparison sample used was not only American females, but it was not determined what proportion of them were mothers, just that they were all married. Literature was identified to support the use of the comparison group, though.

In order for the personality inventory to be administered in a standardised format, all participants were English first language. This narrowed down the cultural diversity of the experimental group, though improved applicability of the measures. Despite this, there appeared to be some issues with careless responding and/or difficulties with understanding the measures, as represented by correlation between cognitive scores and the validity scales of the MMPI-2. Despite care being routinely taken during assessments to ensure respondent understanding of measures, there may have been some cases where issues were not as thoroughly addressed. Further, as the sample has been taken from mother's subject to interventions from the local authority, issues relating to positive self-presentation bias in care proceedings (Carr, Moretti, & Cue, 2005) should be taken into account. Again, as evident with significantly elevated validity scales, this was a factor for consideration in this sample. Although correction items aid the validity of the clinical scales, it is likely that the NOMs underreported psychopathology in order to present more adequately in the subsequent court proceedings. Therefore, the personality patterns described above are likely an under representation of the difficulties faced by NOMs.

The results showed varied support for existing studies, as well as new findings regarding personality factors that had not previously been identified. When compared to the norm, the NOMs are significantly higher in relation to various personality patterns, though they do not consistently report personality pathology. This information can be explored further with the MMPI-2, in terms of personality types which are formed from coded pairs of scales, along with childhood histories of the NOMs to better determine the existence of subgroups, and inform the direction of interventions.

## **Chapter 4 - Exploring links between personality and adverse childhood experiences (ACEs), using retrospective data of mothers subject to care proceedings.**

This study investigated the personality characteristics and adverse childhood experiences of non-offending mothers ( $N = 105$ ) subject to local authority intervention, based on retrospective data from Minnesota Multiphasic Personality Inventory-2 (MMPI-2) administration, as well as interviews, during psychological assessment. Case files of mothers whose children had been found to be abused by their father, or mother's male partner, were reviewed and datum was extracted to look for patterns in personality profiles and ACEs. Results showed that using a two-point code-type, some of the mothers presented with personality patterns that may relate to their adverse childhood experiences. ACEs were identified in the histories of almost all of the non-offending mothers (NOMs) and case studies are used to demonstrate how the ACEs and personality patterns present in these mothers. Study limitations and directions for future research are discussed.

**Keywords:** *ACEs, personality, mothers, child abuse, retrospective, court*

## **1.0 Introduction**

### *1.1 Background*

As established throughout this thesis, in the cases of child abuse, the non-offending mother receives limited empirical attention in comparison to the literature surrounding the victims and perpetrators of the abuse. Whilst early clinical reports portrayed non-offending mothers in a generalised, negative light (see chapter 3, section 1.1), emerging evidence suggests that this population is much more heterogeneous than previously reported. However, empirical investigation of these mothers is still in its relative infancy compared to the diverse knowledge that is known about victims and perpetrators. The current thesis' focus on this group has revealed growing evidence that non-offending mothers (NOPs), experience difficulties in relation to their adjustment following the discovery of their child's victimisation, particularly when the perpetrator is their partner. As part of this exploration, it has been identified that having an understanding of the non-offending mother's experiences is crucial for informing professionals and therapeutic interventions when working with these families.

As described in chapter 3, the early literature regarding NOMs portrayed these mothers as passive, dependent, and emotionally immature (Tamraz, 1996; Thompson, 2017). The mother's perceived failure to fulfil her nurturing role was viewed as leading to emotional abandonment of both her partner and her child/ren (Thompson, 2017). As much of the literature particularly relates to intrafamilial sexual abuse of daughters, the theories also implied that the mother's sexual unavailability increased the likelihood of their partner turning to the daughter to meet his sexual needs (Bolen, 2003; Cormier, Kennedy, & Sangowicz, 1962). Further, if the mother had a prior history of sexual abuse victimisation, it has been suggested that she would likely repeat the abusive relational patterns through her choice of partner and her relationship with her daughter (Friedrich, 1991; Thompson, 2017).

A mother's abuse history is an example of Adverse Childhood Experiences (ACEs). Adverse childhood experiences represent a larger, more overarching definition than child abuse, neglect and maltreatment (Kalmakis & Chandler, 2013). The definition encompasses harmful acts to a child, neglect of a child's needs, as well as experiences of social-environmental influence (e.g., witnessing violence, substance misuse, and family dysfunction). Examples of ACEs include

child sexual, physical, and emotional abuse, as well as household dysfunction (Dube et al., 2010), crime, unstable home life, poverty, and family stress (Kalmakis & Chandler, 2013; Wickrama & Noh, 2010). In clarifying the concept of ACEs, Kalmakis and Chandler (2013) suggest that, operationally, a person's experiences should include five key characteristics: that they were harmful; chronic; distressing; cumulative; varying in severity. This definition of ACEs can be used in research to better understand the impact of a person's childhood on their adult behaviour and wellbeing.

Adverse childhood experiences are associated with physical and mental health problems in adulthood, as well as unresolved issues, insecurity, and trauma regarding attachments that have implications for problematic parenting, especially where the mother may remain in an abusive relationship, causing greater risk to the child (Steele et al., 2016). The literature relating to ACEs of non-offending mothers is in its infancy and remains limited. The initial focus of such research has looked at how a mother's experiences of childhood sexual abuse may impact on her protecting her child from the same. Less focus has been placed on the general impact of ACEs on this population of parents, outside of the continuation of this intrafamilial sexual abuse.

## *1.2 Existing Literature*

In an early study of non-offending mothers of intrafamilial child sexual abuse victims, Zuelzer and Reposa (1983) suggested that they had significantly higher rates of childhood sexual victimisation than comparison populations, leading to a development of empirical studies examining this association. Numerous studies then found that a significant proportion of non-offending mothers, in cases of child sexual abuse, were themselves subject to sexual abuse or victimisation as children (Deblinger, Hathaway, Lippmann, & Steer, 1993; Deblinger, Stauffer, Landsberg, 1994; Faller, 1989; Hébert, Daigneault, Collin-Vézina, & Cyr, 2007; McCloskey & Bailey, 2000; Myers, 1985; Oates, Tebbutt, Swanston, Lynch, & O'Toole, 1998; Salt, Myers, Coleman, & Sauzier, 1990; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996). Although these findings in relation to non-offending mothers have been consistently reported, the quality of the studies has been criticised, with some having limited sample sizes and/or a lack of comparison group data. Further, many of these studies do not differentiate between intrafamilial and extrafamilial child sexual abuse. In an effort to

address these limitations, Leifer, Kilbane, Jacobsen and Grossman (2004) found non-offending mothers significantly more likely to report problematic childhoods than control mothers, and to also describe more difficulties in their relationships with their own mothers. Kim, Noll, Putnam and Trickett (2007) conducted a prospective, multi-generational study which included a matched comparison group. They found non-offending mothers were more likely to have a history of emotional and/or sexual abuse than the comparison group, providing stronger support for the association between intrafamilial child sexual abuse and the abuse histories of non-offending mothers.

In relation to cycles of abuse, Kim et al. (2007) speculate that having a history of sexual abuse may impair a mother's ability to judge the potential risk of victimisation, so increasing their child/ren's vulnerability to abuse. An alternative explanation offered by Leifer, Kilbane and Kalick (2004) focused on the attachment relationships of the mothers, suggesting that healthier adult attachments increased resilience in non-offending mothers, whereas insecure attachment styles were associated with greater risk of intergenerational child sexual abuse. In this study, the mothers and their children were grouped as: abuse discontinuity (mother abused, child not abused); abuse continuity (mother abused, child abused); no abuse discontinuity (mother not abused, child not abused); and no abuse continuity (mother not abused, child abused), allowing the authors to demonstrate that secure attachment styles and overall healthier adult functioning were linked to greater resilience (i.e. abuse discontinuity), whereas more disturbed functioning and impaired attachment styles were associated with greater vulnerability (abuse continuity).

Among the reported challenges of non-offending partners, the mother's history of childhood sexual abuse has received more attention than other characteristics. Some multivariate studies indicate that a mother's childhood sexual abuse history may be one of the most important factors that increase the likelihood that her child will experience sexual abuse during childhood (Finkelhor, Moore, Hamby, & Straus, 1997; McCloskey & Bailey, 2000; Kim, Trickett, & Putnam, 2010). However, childhood history of sexual abuse is not the only experience to impact upon parenting practices. Some studies have looked at the effect that the number of ACEs has on future adjustment (Kessler, McLaughlin, Greif Green, & Gruber, 2010; Perepletchikova, Ansell, & Axelrod, 2012), parenting behaviours (Kim et al., 2010; Steele et al., 2016), health behaviours

(Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014), and substance misuse (Crouch, Radcliff, Strompolis, & Wilson, 2018).

General research relating to adverse childhood experiences has found multiple ACEs are strongly related to adverse behavioural, health and social outcomes. Compared with those with no ACEs, individuals with four or more ACEs are more likely to overuse alcohol, tobacco and substances, have health problems related to obesity, and more likely to engage in criminal behaviour. They also had greater risk of poor educational and employment outcomes, low mental wellbeing and life satisfaction, violence and criminal involvement, and inpatient hospital care and chronic health conditions (Bellis et al., 2014).

ACEs frequently co-occur, and there is a growing body of research identifying the harmful effects of overall adverse childhood experiences. Looking at the effect of multiple ACEs in a general population (excluding prisons, the homeless and clinical populations) through a systematic review and meta-analysis, Hughes et al. (2017) found that individuals with at least four ACEs were at increased risk of all health outcomes compared with individuals with no ACEs. Associations were weak or modest for physical inactivity, being overweight or obese, or having diabetes. They were moderate for smoking, heavy alcohol use, poor self-rated health, cancer, heart disease, and respiratory disease, and strong for sexual risk taking, mental ill health, and problematic alcohol use. The strongest association with number of ACEs was problematic drug use, and interpersonal and self-directed violence.

Dube et al. (2001) found a strong relationship between ACEs and the risk of attempted suicide, throughout the life span. They also found alcoholism and illicit drug use to be strongly associated with such experiences, though mediate the relationship with suicide. In finding that the impact of ACEs led to problematic parenting, Steele et al. (2016) suggested that screening for ACEs in prenatal and paediatric settings to identify the need for and offer trauma and attachment-informed treatment, reducing the intergenerational risk associated with ACEs, in general. Exploring the link between ACEs and psychopathology in a survey of 51,945 adults, Kessler et al. (2010) found a strong association between maladaptive family functioning (such as parental mental illness, child abuse, and neglect) and DSM-IV mental and personality disorders.

### *1.3 Current study*



The personality characteristics of NOMs were examined in depth in chapters two and three. In summary, the findings of both a systematic review and a further study exploring the personality patterns in this population revealed that, generally, NOMs did not present with any significantly problematic personality characteristics, though elevations were found in relation to introversion, depression, and anxiety. Personality will be revisited in the current study to test if elevations on the MMPI-2 alongside information regarding the NOMs childhood experiences offer more definitive 'types' of mothers of abused children, depending on the relationship between their personality elevations and their childhood experiences.

The aim of this study is to contribute to the limited knowledge base on non-offending mothers by developing an understanding of the childhood experiences, combined with personality profiles, of a sample of mothers who were subject to child protection measures following their child/ren's disclosure of abuse by another caregiver. Interviews were conducted with the sample mothers and data were extracted and coded from these interviews relating to adverse childhood experiences to form quantitative data. This information is being used to explore if personality types, detected by code combinations (two-point code-types) on the MMPI-2, correlate with increased number of ACEs. The types of ACEs present will also be explored, with an aim of identifying if patterns exist in the experiences of this population.

The choice of methodology was largely opportunistic. As the researcher had unique access to this archival data, it was seen as advantageous to explore a population that is otherwise difficult to access. Further, the information was gathered from the mothers for the purposes of a psychological assessment, rather than for research purposes, reducing researcher and attrition biases, and improving the internal validity with a "real-life" sample (Khan, ter Riet, Popay, Nixon, & Kleijnen, 2001; Roche et al., 2013). Looking at the advantages of using a retrospective study design, Sedgwick (2014) suggested that when a cohort in a study is population based, it is somewhat representative of the population. Further, as the exposure to risk factors was recorded before the occurrence of the outcome, it allows the temporal sequence of risk factors and outcomes to be assessed (Sedgwick, 2014). One factor that the researcher was mindful of with this kind of data collection was the potential for hindsight bias (Roese & Vohs, 2012) at the time of the mothers reporting of either their ACEs

or in relation to their child's abuse. However, the way in which the data were gathered, in interview and from record review, allows for a more objective picture of the events.

## **2.0 Method**

### *2.1 Participants*

The sample used in this study consisted of data extracted from psychological assessment reports produced for care and family proceedings. The sample ( $N = 104$ ) comprised non-offending mothers (NOMs) of children who had been found, at minimum, on the balance of probability, to have been harmed by the father or mother's partner. In some cases, criminal proceedings had occurred and there was a conviction, but cases were included where criminal proceedings had either not occurred, or had concluded with a hung jury or not guilty verdict. Cases were included from civil law proceedings, or a Finding of Fact hearing, where it had been found that the abuse was more likely to have occurred than not (Davies, 2009).

The mean age of the mothers was 31.5 years ( $SD = 7.99$ ). They had a mean of 2.7 children ( $SD = 1.56$ ) and had been in ( $M$ ) 3.03 significant relationships ( $SD = 1.61$ ). All of the mothers were British, with English as a first language. In response to finding that their child/ren had been abused by the other carer, 68% of mothers ended the relationship with the perpetrator, though 37% denied that the abuse had occurred. Of those that accepted that the abuse occurred, 7% remained in the relationship. In relation to the types of abuse that had occurred, in 14% of the cases the child/ren had been emotionally abused only, 33% of the cases involved the child/ren being physically abused (non-sexually); the child/ren had been sexually abused in 44% of the cases and, the remaining 9% of cases involved physical and sexual abuse.

### *2.2 Procedures*

Data were gathered retrospectively, with the use of a pre-defined and trialled pro-forma to ensure uniformity in data extraction from assessment reports. Each assessment report was thoroughly reviewed, and information from the mother's self-report, both in interviews and on psychometric measures, was collated to form the dataset. Information regarding risk, such as the mother's

self-harming behaviour or suicidal ideation, alcohol and substance use, police involvement, and experiences of domestic violence or abuse (DVA) was gathered from self-report and cross-checked with third party information, such as medical records and social work thresholds.

The information had been gathered as part of a court-ordered psychological assessment, where the assessing psychologist was acting as an expert witness. In some circumstances, the child victim had been removed from the mother's care, particularly when the mother had remained in the relationship with the perpetrator. Permission was sought at the outset of the assessment to keep archival data for potential research, as standard organisational procedure (see section 2.4, below). The information was gathered over two three-hour appointments, between 2010 and 2018. The time-period of the assessments conducted meant that various clinical staff had been involved over time, across many reports, though uniformity of information gathering had been established through a semi-structured interview format (Adams, 2015).

As well as interviews and information gathering, psychometric data were gathered from the mothers. The use of measures was dependent upon the issues being assessed and availability of resources, at the time. It has been found that the employment of psychometric testing in addition to a documentation review and clinical interviews offers the best opportunity to produce a comprehensive psychological report (Wilcox, 2000; Wilcox & Donath, in press). As standard practice, the battery of psychometric assessments administered included measures of personality and social functioning. As this was data gathered retrospectively, the selection of the psychometric measures had been completed by the assessing psychologist. In order to develop a cohesive dataset, homogeneity of measures was sought, with results from the most frequently used being included.

### 2.3 Measures

#### *The Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*

All of the mothers had been administered the MMPI-2 (Friedman, Webb, & Lewak, 1989) to assess their personality features, though due to validity issues, five were excluded from analysis. The MMPI-2 assesses interrelationships amongst a wide-range of personality characteristics including depression, hypochondriasis, social introversion, psychopathic deviance,

masculinity/femininity as well as features associated with neurotic and psychotic conditions. The MMPI-2 also contains a lie scale, a scale concerned with psychological coping, and a general psychopathology measure.

The MMPI-2 is a revised version of the MMPI (Hathaway, 1967) and was normed on 1,138 males and 1,462 females between the ages of 18 and 80 from several regions and diverse communities within the U.S. Information was collected on the test-retest reliability of the validity and clinical scales (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989). For female adults, the retest coefficients ranged from  $r = 0.58$  for Paranoia to  $r = 0.91$  for Schizophrenia.

Each of the mothers in this research was administered the MMPI-2 as part of their psychological assessment. With 567, forced-choice, true/false items, the completion times varied between 20 and 90 minutes. Each of the respondents was given an opportunity to raise any queries about the meaning or language use of the items on the questionnaire.

#### *Adverse Childhood Experiences (ACEs)*

To measure the ACEs of the mothers, detailed information was extracted from the qualitative reports of each of the participants. The information, routinely gathered in semi-structured interview, follows the concept and definition of ACEs from Kalmakis and Chandler (2013), where the interviewer asked the participant, at the time of assessment, about harmful and distressing childhood experiences, the chronicity and severity of these, and the timespan of them. Over the course of the interview, the mother was asked to describe any childhood verbal, physical or sexual abuse, any neglect or deprivation. She was asked about her parents' relationship, whether she witnessed any DVA, and if her parents had separated. In terms of familial behaviour, the mothers were asked about family histories of alcohol and substance misuse, mental health issues and police involvement.

Although the event or experiences of the NOMs were often reported with some contextual information, as they were extracted from interview, the ACEs were dichotomously scored as present or absent, and based on the scoring system of the ACEs Questionnaire (NCJFCJ, 2006), as identified by the CDC-Kaiser study (i.e. did the NOM report having being physically abused within their childhood, yes or no). Thus, a score of 1 was given to a participant for each of the experiences (listed above) she detailed within her interview responding.

Thus, a database of ACEs scores was formed for the NOMs, with scores ranging from 0 to 12. In the absence of a standardised tool being used at the time of data gathering, this method was used to collect data relating to ACEs with some consistency.

## 2.4 Ethics

Ethical approval for the study was granted by the organisation to whom the data belonged, Wilcox Psychological Associates Limited (WPA Ltd.), and the University of Nottingham's Faculty of Medicine and Health Science Research Ethics Committee (reference number 99-1806). The data were archival secondary data and, therefore, no consent form or information sheets were provided to participants as consent was already given, verbally and written via a form filled out by every person who agreed to take part in the psychological assessment, as part of the court proceedings. Their participation was voluntary. The form read verbatim: "*WPA limited is an organisation committed to continuing professional development and many of our staff regularly engage in research. If you are willing to allow your anonymised data to be used for research purposes, please sign below*". Cases were not included where this consent had not been given.

Access to case files was gained through the organisation's online archive system, which was accessible through a secure portal and contained previous psychological assessments of mothers involved in family and care proceedings. The reports were all archived in a manner which complied with the Data Protection Act 1998. The datum was owned by WPA and is not in the public domain. Access to the data was obtained through organisational approval, giving the researcher permission to access then anonymise it, removing any information that would make any participant personally identifiable. Once a case was included, the data were extracted and collated, with the database being saved in a password-protected folder on the WPA secure server, accessible only at WPA offices in Birmingham, United Kingdom.

The nature of the research involved reviewing cases detailing severe child abuse, to extract the data relating to the (NOMs). This was considered to have an impact on the researcher's emotional wellbeing. Therefore, peer supervision was sought to address the negative emotional effect of repeated exposure to this content, as well as regular breaks and increased self-care efforts.

### 3.0 Results

In relation to the mothers' circumstances at the time that their child was abused, 76% reported domestic abuse within their relationship with the perpetrator, 24% reported excessive alcohol use, and 23% reported use of illicit substances; 10% reported using both alcohol and illicit substances. Although non-offending in terms of child abuse, 35% reported having had police involvement or a forensic history. Information from both self-report and medical record reviews revealed that 26% of the sample had a history of self-harming and 18% having had at least one occurrence of attempting suicide.

With regards to adverse childhood experiences, just over 90% of the NOMs reported experiencing at least one form of adversity in their formative years; 55% of the sample reported over four. In relation to the nature of the adverse experiences of this population, table 4.1 shows that 26% of the NOMs reported having been sexually abused in their childhood, 24% reported being physically abused, and 51% reported having been emotionally or verbally abused. In terms of how this compares to the general population, Bellis, Hughes, Leckenby, Perkins and Lowey (2014) found that, of 3,885 British adults, 6.3% reported childhood sexual abuse, 14.8% physical, and 18.2% reported verbal/emotional abuse, though it is noted that this comparison is with all British adults (including males and females in the general population) and, therefore, the number of which were also NOPs or NOMs is unknown. In the present study, 51% of the participants had parents who had separated or divorced during their childhood (compared with 24.3% in the general population – Bellis et al., 2014), with 21% witnessing DVA; 22% reported not having had their needs met in terms of neglect, and 11% described themselves as deprived. In relation their social-environmental influence, 40% of the NOMs reported mental health issues in their family, 36% reported a family history of police involvement, and 20% had local authorities involved in their care.

A series of chi-square tests identified that there was not a significant association between the NOMs and child's abuse, when comparing the type of abuse, i.e. NOMs who reported a history of childhood sexual abuse, were not more likely to have children who were sexually abused ( $\chi^2(3, N = 105) = 5.34, p = .15$ ). Further, family police history was not significantly associated with the NOMs own offending behaviour in their adulthood ( $\chi^2(3, N = 105) = 2.35, p =$

.12), nor were family histories of mental health issues with their own reports of difficulties in this regard. There was no evidence of cumulative adverse childhood experiences causing a difference in the abuse perpetrated against the child ( $\chi^2(1, N = 105) = 5.02, p = >.05$ ).

In terms of the association between the number of ACEs and health and behavioural risks, Pearson's  $r$  revealed that there was a positive correlation between self-harm and number of ACEs,  $r(105) = .29, p = .003$ . Further, as the number of ACEs increased, as did the number of NOMs reporting offending behaviour  $r(105) = .32, p = .001$ . There was a small but positive correlation between NOM substance use and number of ACEs  $r(105) = .19, p = .048$ , but not in relation to excessive alcohol use and number of ACEs  $r(105) = .03, p = .795$ . Finally, there was a positive association between the number of ACEs experienced by the NOMs and the presence of DVA in their relationship with the perpetrator  $r(105) = .92, p = .003$ .

On the MMPI-2, the clinical scales are rarely elevated in isolation, instead making profiles with multiple peaks, forming code-types of particular psychopathology (Nichols, 2001). Therefore, MMPI-2 results were used to establish profile codes, as these profile code-types, generated in the scoring of a MMPI-2, provide an economical and efficient means for conveying the elevations as profile patterns and expected behavioural presentation. Because of the standard error of measurement, and extensive covariances among the scales in this study, the two-point code-type was used to analyse the data from the MMPI-2. The most common two-point code-type in this population, 4-6, is indicative of significantly resentful individuals, both with family members and people in positions of authority. These individuals are often described as 'hot headed' and can be defensive, stubborn, argumentative and oversensitive. The other most frequently elevated two-point code-types were 2-3, relating to depressive symptomology and anxiety, and 1-4 which is associated with physical complaints and hostile dependency. In relation to exploring the presence of these personality code-types with the childhood experiences of the NOMs, Table 4.1 provides an overview of the frequencies that they coexisted.

When analysing the relationship between two-point code-types and the ACEs of NOMs, it was identified that the total number of ACEs reported by those with the coded personality patterns was four or more in 67% of cases.

**Table 4.1** *Percentage of NOMs with ACEs who elevated MMPI-2 two-point code-types*

Variable	Two-point Code-type			Total presence of ACE in NOMs (%)
	4-6	2-3	1-4	
Sexual abuse	20	0	0	26
Physical abuse	60	66	50	24
Emotional abuse	80	66	50	51
Neglect	40	34	50	22
Deprivation	20	33	50	11
Parents separation	40	33	50	51
Death	60	0	50	41
Family mental health	60	34	50	40
Family police	60	0	100	36
Physical chastisement	60	0	50	21
Witnessed DVA	20	33	50	21
LAC	20	0	50	20
Other	100	100	50	62

None of the mothers with elevated personality patterns 2-3 or 1-4 reported having been sexually abused in their childhood, and only 20% of mothers elevating 4-6 did. Physical abuse was present in the majority of cases, coupled with, and exceed by, emotional abuse. The most reported experience recounted by these mothers was 'other' which, in interview, related largely to school bullying.

## 4.0 Discussion

### 4.1 Findings

As stated above, the results regarding the association between the abuse experiences of the NOMs and the subsequent abuse of their child were non-significant, suggesting that for this sample, the mother's ACEs did not relate to their child's adverse experiences. However, although the children had been abused in 100% of these cases and mothers had not, 90% of the mothers had reported some form of childhood adversity. Further, NOMs reported childhood sexual abuse in twice as many cases than in the general population (Bellis et al., 2014; Oaksford & Frude, 2001). Much of the research into ACEs of NOMs has related to the continuation of intrafamilial sexual abuse, findings which this study did not necessarily support. However, although there was no evidence that



mothers who have been abused are more likely to have children who experience the same form of abuse, there is support for general vulnerability and increased risk factors. Therefore, although this sample of NOMs appear to fall into the category of no abuse continuity (Leifer et al., 2004b), these mothers did generally experience adverse childhoods to a greater extent than the general population. With the absence of a control group, it is not possible to support the findings of Leifer et al. (2004a), except to concur that problematic childhoods were, generally, identified in non-offending mothers, with over half having experienced emotional abuse, parental separation and bullying, and over a third having been exposed to family histories of mental health issues, and of police involvement, as well as the experience of a non-abusive traumatic event such as family death, an accident or a serious childhood illness.

In some support of the findings of Dube et al. (2001), misuse of substances was found to be associated with NOMs' ACEs, though not as strongly, and not in relation to alcoholism. As with the findings of Hughes et al. (2017), the number of ACEs appeared to increase the risk of self-harming behaviours by the NOMs. In addition to this, there was a particularly strong association between the number of ACEs and the likelihood of the NOM having been in a domestically abusive relationship with the perpetrator of the child abuse.

The ACEs of the NOMs who presented with MMPI-2 code-type personality patterns differed in terms of the abuse they experienced, as well as many other ACEs, with homogeneity being identified in terms of experiences of neglect and deprivation, bullying, and parental separation. An association between ACEs and specific personality development was not identified. The aim of this study was to contribute to the limited knowledge base on non-offending mothers by developing an understanding of the childhood experiences, combined with personality profiles, of a sample of mothers who were subject to child protection measures following their child/ren's disclosure of abuse by another caregiver. No 'type' of personality was identified to coexist with any particular adverse childhood experiences. However, overall, as these tests are used clinically as well as theoretically, identifying the overlaps and variations in the ACEs of those who present with particular personality types provides some context to the difficulty in approaching this complex and diverse population.

## 4.2 *Limitations*

The main limitations of this study relate to the generalisability of the results and the lack of control group. Although qualitative information is often gathered from much smaller samples, the use of quantitative methods to analyse the data highlighted the limitations in the sample size in terms of generalisability. In relation to this, the data gathering process could also be scrutinised as, although a semi-structured interview was used to gather information regarding the NOMs ACEs, the interview style may have varied across those gathering information. Therefore, it is difficult to determine if each interviewer covered each area of social history in sufficient depth to have identified ACEs. In the absence of second scorer and kappa calculation, the use of a standardised tool for gathering quantitative data regarding ACEs would have benefited this research. Further, a prospective approach to data collection would have been preferable to a retrospective approach, with prospective studies being ranked higher, in the hierarchy of evidence, than a retrospective design (Euser, Zoccali, Jager, & Dekker, 2009) due to the accuracy of data collection with regard to exposures, confounders, and endpoints. However, it is important to acknowledge the difficulty accessing this population in terms of the ethical challenges in gathering data from vulnerable population for research purposes, and the impact that response bias has in prospective studies. Moreover, identifying causal effects would require an entirely different approach.

A further limitation to this study is the missing data. The cycle of abuse factor could not be appropriately explored in the absence of details about the child victim, such as their sex, and their relationship to the perpetrator. Further, it was not known how many of the NOM's children had been abused. In relation to this, data were gathered regarding the number of children in the household for the purposes of descriptive statistics, but the depth of information extracted from reports lacked the forethought to recognise that the number of children from the household that were abused, as well as their sex, may have impacted on the results of the study.

#### *4.3 Future Directions*

In relation to the identification of ACEs in NOMs, a key focus for future work with this population should be taking a trauma-informed approach with individuals. With 90% of NOMs reporting having experienced some kind of adversity in their childhood, it will be important for practitioners working with families in the

aftermath of child abuse disclosure to recognise this pattern. Interestingly, although the majority of the existing literature related to the continuation of intrafamilial child sexual abuse, this was not the main issue for this population, as many more had experienced emotional or verbal abuse than sexual abuse; parental breakdown was the predominant experience, along with familial mental health issues. Ultimately, the nature of the potential trauma experienced by this population is varied. As with the findings of chapters two and three, this is a heterogeneous group, and approaches to therapy should focus on the individual needs of the mother, in order to best support the recovery of her child and family.

The high volume of ACEs in this population gives some support for an approach such as that suggested by Steele et al. (2016) with screening for ACEs at the prenatal stage. Although ACEs have not been used in this study as factors associated with the NOMs difficulties in acting as a protector for their child/ren, as a high volume of ACEs has been found to impact on parenting abilities in previous studies, it might benefit mothers to consider adjustment and attachment issues caused by these experiences, when embarking on parenthood, particularly where there are areas that they could address to develop their protective factors.

Future studies may wish to address the methodological limitations referenced, as well as using controls to better explore and define types of NOMs, based upon associations between ACEs and personality features, or even disorders. Taking the findings in this research into account, another direction for the future may be to explore and address the increase in likelihood of entering a domestically abusive relationship for women who have had particularly difficult childhoods, as well as their potential for substance/alcohol misuse and criminal involvement.

#### *4.4 Summary*

This study aimed at exploring a population that is still relatively unexplored. Although significant findings were limited and the methodology was opportunistic, and could be improved, the general aims were achieved. NOMs remain a complex and heterogenous population and intervention efforts should continue to take this into account. It is possible that further exploration of the ACEs of NOMs could identify factors that lead to a more predictive model.

The results showed varied support for existing studies. When viewing the information in terms of individual presentation, the degree of difficulty that this

population face is highlighted. The presence of ACEs can be used to support a trauma-informed approach in both practice and in future research efforts when working with this population. Although consistency has not been established in terms of personality, types of ACEs, nor in presentation when they are combined, the reoccurring factor was that ACEs were reported by almost all of the population. Future directions might focus upon specific experiences, perhaps moving away from the already largely supported body of research regarding continuation of intrafamilial sexual abuse and focusing on domestic abuse, the effects of experiencing parental separation on future parenting practices, or the ACEs of parents with particular personality disorders.

## **Chapter 5 - Examining maternal support following their child's disclosure of abuse: A critique of the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010)**

This review examines the various methods of assessing a mother's support, following her child/ren's disclosure of abuse. Psychometric assessments, official records and self-report during interview are considered. Strengths and weaknesses are discussed, in terms of scientific properties (where appropriate), along with the applicability to practitioners working in forensic settings. It was determined that all of the methods are subject to limitations that impede their measurement of the maternal support construct in terms of research and practice. A multimethod approach is presented as providing the best assessment of maternal support following disclosure of child abuse, particularly in terms of clinical benefits.

## **1.0 Introduction**

### *1.1 Background*

It is now well-established in the literature that a key component in the psychological recovery of a victim of child abuse is the response of the non-offending parent or guardian (NOP) following disclosure (Brière & Elliot, 1994; Bolen, 2002; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Heriot, 1996; Kendall-Tackett, Williams, & Finkelhor, 1993; Leifer, Shapiro, & Kassem, 1993). Specifically, it has been suggested that belief in the disclosure, and emotionally supportive behaviour on the part of the NOP (Bolen, 2002) can mitigate, to an extent, the harmful effects of the victimisation for the child. The existing research (which, as noted in previous chapters, relates to child sexual abuse and includes fathers and non-biological parents as NOPs) strongly suggests that parental support following the victimisation of their child is particularly influential in predicting the victim's adjustment outcomes (Fromuth, 1986; Johnson & Kenkel, 1991; Tremblay, Herbert, & Piche, 1999). In fact, Spaccarelli and Kim (1995) suggest that support from primary caregivers is the single most important contributing factor to sexually abused children's future resilience.

From a child protection point of view, a lack of non-offending maternal or guardian support post-disclosure has also been found to be closely associated with a child's removal from the home, into foster or institutionalised care (Everson et al., 1989). Bolen and Lamb (2007) suggest that guardian support is one of the most important considerations in determining whether victims can remain in their homes following disclosure. Thus, the importance of the non-offending parent or guardian implementing future protective behaviour, as well as being emotionally supportive towards the child should not be underestimated.

Research exploring factors associated with non-offending mother (NOM) support, specifically, have offered various definitions for maternal support, often using a single indicator. De Jong (1988) and Sirles and Franke (1989), for example, assessed only whether the NOM believed the child's allegation or not. Maternal belief is generally a key component of any assessment of capacity to protect. However, the non-offending guardian's reaction to the abuse is, typically, variable (Smith et al., 2010). Bolen (2002) argues that mothers can fluctuate between belief in the abuse and ambivalence regarding the abuse, though her review of existing literature indicated that this is normative in terms

of partial support, rather than an indicator of lack of support. Bolen and Lamb (2007) further suggest that ambivalence and belief may be independent constructs, with mothers being able to feel ambivalent, yet still be supportive of their children. Explaining this, Bolen (2002) notes how ambivalence is not an uncommon response, due to NOMs having to deal with multiple implications of the abuse, such as: loss of an intimate relationship when the abuser is her partner, and loss of household income (studies have shown that household income can drop substantially after the removal of the perpetrator from the home, e.g. Massat & Lundy, 1998). It is, therefore, suggested that conceptualising the abuse disclosure as an 'extreme stressor' (Sirles & Franke, 1989) in the NOM's life offers an important framework for understanding their behaviour post-disclosure, especially when there is evidence of ambivalence.

It was identified within the literature review (Bolen, 2002) that the definition of guardian support was conceptualised based on preconditions set by the child welfare system, suggesting that it is more practice driven than theory driven. Although frameworks for assessing protectiveness in non-offending guardians exist, (e.g. Smith, 1995), whilst being useful checklists for practitioners, such frameworks have been criticised for lacking a theoretical basis and are too reliant upon clinical judgement, and inferences about the mother's mental state (Bolen, 2002). Further, these frameworks have not all been proven to be reliable or to have any predictive validity. In the absence of consensus over an operational definition of 'support', valid methods of assessing and measuring it have mainly been left to rely on clinical judgement, as well as relying upon reports from professionals involved with the family, such as children's services, counsellors, and guardians. However, clinical judgement alone has been highly criticised, in the measurement of psychological constructs, both within practice and for research purposes, for being limited in terms of both accuracy and inter-clinician agreement (Hart, Michie, & Cooke, 2007; Murray & Thompson, 2010)

The assessment process is further complicated by the use of maternal self-report of emotionally supportive behaviour, which is inevitably subject to response bias, particularly given the circumstances of such an assessment, where the child's placement is at stake, whereas others have used clinician ratings or victim ratings of perceived support. Smith et al. (2010) propose that child abuse-specific NOM support is a multidimensional construct that needs to

be measured accordingly. Thus, Smith and his colleagues suggested the following three pertinent domains: 1) The mother's belief in the abuse; 2) The degree of protective action taken by the mother to prevent further victimisation; and 3) Recognition by the mother of the child's distress after disclosure.

## *1.2 Assessment Methods*

As described above, one of the issues with assessing this area is that definitions of maternal support used across studies are variable. In their meta-analysis of the effects of caregiver support, Bolen and Gergely (2015) concluded that "one of the most interesting and important findings of [the] analysis was the lack of consensus among researchers on how to measure [nonoffending caregiver] support" (p. 276). Several studies have used measures of general social support or parent-child relationship quality to represent maternal support following CSA disclosure, with no reference to the actual abuse event itself (e.g., Conte & Schuerman, 1987; Esparza, 1993; Hébert et al., 2016). Whereas, in studies that have clearly focused on the assessment of maternal support following abuse, a broad range of maternal support behaviours were queried, including protective actions (e.g., the mother leaves the perpetrator, or the mother contacts law enforcement), emotional reactions to the child (e.g., feels hostility or anger toward the child), verbal or emotional support (e.g., empathetic statements), and belief of the child's disclosure (Adams-Tucker, 1982; Everson et al., 1989; Heriot, 1996; Zajac, Ralston, & Smith, 2015).

Smith et al. (2010) note, from clinical experience, that a mother is very rarely sure in her belief in the abuse right from the point of disclosure. However, even where consistent maternal belief is established from the outset, the assumption that it is sufficient for future protectiveness is yet unproven. Relatedly, Heriot (1996) found in her study that, although belief was strongly associated with protective action, close to 20% of believing mothers did not take protective action with regards to the victim. Nevertheless, maternal belief is generally considered an important domain to assess. Along with this, the degree of emotional support afforded to the victim by the mother has been included in most measures of guardian support, with it being related to their capacity to protect. However, as Smith et al. (2010) point out, in some studies, only a general measure of support has been used, rather than being abuse-specific. Further, some studies conceptualise maternal support in terms of the mother's



empathic responding to the victim, whereas others used specific behavioural indicators, such as the mother's separation from the abusing partner, suggesting that the concepts of support and protective action have been very much confused and poorly defined.

Self-report by NOMs is a common measure of support following child abuse disclosure, particularly used by practitioners working with the family (Wilcox & Donathy, 2020). Although self-report in research terms is often related to responding on psychometric tools, like those described above, qualitative information regarding the degree to which the NOM offers support to the child in their care is also valuable when assessing this population. A common method for assessing through self-report is through clinical interview which can be either structured or unstructured. Interviewers generally try to find a balance (semi-structured) in order to avoid inadvertently missing a topic, whilst also building rapport with the participant to enable a less rigid, more natural conversation (Zachar, Stoyanov, Aragona, & Jablensky, 2015)

Bolen, Dessel and Sutter (2015) asked 17 NOMS how they supported their sexually abused children after the disclosure of the sexual abuse. The various different types of support were then coded and, using grounded theory, a structure of NOM support emerged from their data. The final structure of NOM support had eight dimensions, including: basic needs; safety and protection; decision making; active parenting; instrumental support; availability; sensitivity to child and affirmation.

In researching support in this way, it was possible for the number of dimensions to exceed that of quantitative data. The number of dimensions is more than other researchers have captured. Even the measures with the most dimensions capture only four (Wright et al., 1998). Several dimensions identified in Bolen et al.'s study were measured in assessment by other researchers, but areas previously unaddressed by existing tools became apparent from a more detailed, interview-style, self-report. However, with maternal support appearing complex and multifaceted to the extent that the number of dimensions varies across studies, it brings to question the face validity of any measure of this construct.

Some researchers have voiced concerns about the reliability of NOMs as reporters of their post-disclosure support of their sexually abused children, with concern as to whether NOMs might have a positive bias to their responses

(Mannarino & Cohen, 1996). Furthermore, due to the manner in which qualitative data are analysed either when conducting research with this method, or when using it in practice, it is difficult to determine interrater reliability (Bolen et al., 2015). In terms of research, it is also possible that more supportive NOMs might have been more likely to agree to participate, and in a practice setting, the mother will have the added pressure of the Court and children's service involvement, likely influencing their more desirable responding (Wilcox & Donathy, 2020).

An assessment method used by practitioners to mitigate for the bias that comes with both self-report on psychometric tools and in interview, is to review records and external documents. From a practical standpoint, the process of assessment requires an initial period of information gathering. Zachar et al. (2015) suggest that this type of assessment is inherently a measurement process in its own right, as the information gathered has particular properties. Information gathered from various external sources can offer observational, as well as longitudinal data that self-report and professional judgement may not be able to address. In terms of NOM support following their child's disclosure of abuse, information can be gathered from various sources, such as: children's services and the child's school, in terms of the professionals' observations of the child's behaviour and any reporting by the child, and documents such as maternal medical history and any therapeutic intervention reports, offering an external observation of the mother's presentation and functioning (Wilcox and Donathy, 2020). Although this assessment method does not have the theoretical framework to stand alone, it has been used in practice to enhance the knowledge of the clinician, so that they can offer a more comprehensive and complete assessment of the NOM. However, this data source is far less accessible in terms of research due to ethical concerns. Further, availability of such documents may vary from case to case, as there is no reported standardised method for gathering data from file and record reviews.

### *1.3 Aims of Review*

Having focused upon, and contributed to, research on the non-offending mother population in previous chapters, much more is known about the heterogeneity of this population. Although it could not be determined whether there are clear factors that contribute to a mother's ability to protect her child from abuse by

the other caregiver, it would be helpful for practitioners to have an understanding of, and recognise best practice for assessing where the non-offending mother places in future intervention and support efforts with the child victim. Therefore, this review aims to explore and critique the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010), whilst considering the development of methods for measuring parental support following abuse disclosure, both in relation to studying the population, as well as methods used by practitioners working with the families in assessment and therapy capacities.

## **2.0 Psychometric Critique**

During a systematic review of literature relating to NOMs (see chapter 2), several studies relating to the measurement of maternal support following their child's disclosure of abuse were identified. There was some consistency in the tools used, with the most frequently referenced being the PRIDS, PRADS and the NAPS, though with greater focus on the MSSQ.

One of the first measures to gather data across the domains recognised in the literature as relating to NOM support was the *Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989)*. It is a clinician-rated tool where the subject is assigned a rating between -2 and +2 on the dimensions of Emotional Support and Belief of the Child, and between -1 and +1 on Action Toward Perpetrator (the scale designed to measure protective behaviour) according to their level of functioning. The total of these three scales yields a score between -5, least supportive and +5 most supportive. Smith et al. (2010) argue that, although a potentially useful measure, the PRIDS has only been tested on small samples and that little psychometric data have been reported to attest to its utility. Furthermore, Bolen (2002) noted how the interrater reliability for this measure had been reported to be high by its authors but that no information was available regarding internal consistency, test-retest reliability or construct validity. Further, each domain on the PRIDS is only measured by a single item raising questions about the way in which each domain is conceptualised. A similar measure, the Parental Response to Abuse Disclosure Scale (PRADS), developed by Wright et al. (1998) added a fourth dimension: Whether the guardian seeks professional services for the child or self. However, again, each domain is considered to be one-dimensional.

Whilst suggesting that guardian support could only adequately be measured when consideration is also given to the resources available to the NOM, Bolen and her colleagues developed the Needs-based Assessment of Parental Support (NAPS; Bolen, Lamb, & Gradante, 2002). The NAPS adopts a humanistic approach, focussing on Maslow's (1987) hierarchy of needs, which recognises the role of resource acquisition in motivating human behaviour. Bolen et al. (2002) propose that Maslow's model offers an important framework for the responses of parents of victims of child sexual abuse. The principle of this is based on a parent attending to lower order or more basic needs in the hierarchy before being able to move on to higher order ones. Thus, following disclosure of sexual abuse, the primary motivating factor will be the need to ensure basic needs of the child are met, i.e. food, housing, and clothing. Where resources are low, for example, when removal of the perpetrator from the household has a direct impact on household income, threatening the NOM's meeting of basic needs for food, clothing, and finances, then the NOM's focus may become restricted to these, to the detriment of meeting higher order emotional needs of the child, and ensuring protection from further abuse.

The NAPS operationalises this model and includes a guardian-rated scale (consisting of 22-item Likert-type scales) that addresses perception of available resources. Items are ordered according to the hierarchical stages. For example, items for stage one include statements about the degree to which the guardian provides necessary food/clothing/housing for the child – the physiological and practical support. Stage two items prompt for the level of safety afforded to the child. Stage three relates to the first level of emotional support, the love and belonging stage, and the final stage is about the NOMs provision of resources for self-esteem issues and their capacity to treat the child with dignity and respect. Bolen et al.'s (2002) exploration of the psychometric properties of their instrument provided strong support not only for the hierarchical structure of the measure, but also the hypothesized link between non-offending guardians' resources and their ability to support their child. However, Smith et al. (2010) criticise the NAPS on the basis that it requires training to administer, and has not been used widely other than by the authors themselves. The Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010) could be viewed as superior to its predecessors based on it eliciting information regarding emotional support and belief in the abuse in a multi-dimensional way, resulting in interval

data. The MSSQ, therefore, provides stronger support for practitioners wishing to assess maternal support following their child's disclosure of abuse.

### *2.1 Scope, Purpose, and Content*

The MSSQ was originally developed as a 40-item mother-report measure for assessing maternal support following the disclosure of child sexual abuse. Smith et al. (2010) report that the measure is designed to elicit information in the three theoretically-informed domains as previously outlined: Belief in the child; Emotional support of the child (Empathy for the child's distress, absence of rejecting or negative emotions); and Protective action taken by the mother to safeguard the child from further abuse. It is suggested that the domains were selected in line with previous measures, such as the PRIDS, as well as from a review of the clinical literature on abuse-related support. Domain items were developed rationally in an attempt to sample the constructs comprehensively (Smith et al., 2010).

On the MSSQ, the NOM is asked to rate on a Likert-type scale, ranging from 0 (not at all like me) to 6 (very much like me), the degree to which they feel each item relates to their attitudes and behaviour since the discovery of the sexual abuse. Total scores for each factor range from 0 to 42. For Emotional Support, higher scores indicate more optimal functioning, with the mother reporting more emotional support of the child, whereas the opposite is the case for the Blame/Doubt factor, where higher scores indicate that the mother is more doubting of her child's disclosure, and questions the role that the child may have played (Smith et al., 2010). In Smith et al.'s (2010) total sample of 246 mothers and female carers of sexually-abused children there was a mean Emotional Support score of 40.12 (SD = 4.04, range = 6–42) and a mean Blame/Doubt score of 13.54 (SD = 9.76, range = 0–42).

### *2.2 Psychometric Properties*

Kline (1986) proposes that a psychological test may be considered a good test if it is at least reliable, valid, discriminating, and has appropriate normative data. The MSSQ offers ordinal data for both of its two scales, ranging from 0 to 42 and can, therefore, be considered superior to some of its predecessors that only measured maternal belief and support dichotomously.

### *2.2.1 Reliability*

Smith et al. (2010) reported adequate internal consistency data for both of the MSSQ's scales. Specifically, their reliability analyses showed Corrected Item - Total Correlations (CITCs) of no less than .3 for any of the items, indicating that no items should be deleted. Further, in developing a child-report measure Smith et al. (2017) reported good internal consistencies for the two scales of the MSSQ (Emotional Support,  $\alpha = .76$  and Blame/Doubt Scales  $\alpha = .71$ ). This indicates that, for each scale, each item is measuring roughly the same thing. No test-retest reliability data were reported, and inter-rater reliability was not appropriate, as the MSSQ is a self-report measure.

### *2.2.2 Validity*

Construct validity, which is the degree to which an instrument what it purports to be measuring (in this case maternal support), was examined by exploring relationships between the two factors of the MSSQ and child ratings of general maternal support using the My Family and Friends interview (MFF). The MFF (Reid, Landesman, Treder, & Jaccard, 1989) measures a child's perceptions of availability of support, as well as their level of satisfaction with that support. Spearman non-parametric correlations revealed modest but significant correlations between the child's ratings of maternal support and the mothers' ratings on the MSSQ. Specifically, a significant correlation ( $\rho = -.23, p < .05$ ) was found between a mother's ratings of her own emotional support towards the child and the child's ranking of their mother's support towards them (where lower rank scores reflected greater utilisation for support). Mothers who reported more blame/doubt on the MSSQ had children who ranked them as offering less general and emotional support ( $\rho = .28, p < .01$  and  $\rho = .30, p < .01$ , respectively). Further, the children who reported higher levels of satisfaction with the general and emotional support they received from their mother, in turn, had mothers who scored more highly on the Emotional Support scale ( $\rho = .23, p < .05$  and  $\rho = .24, p < .05$ , respectively). Lastly, higher levels of blame/doubt were associated with child reports of greater conflict with their mother ( $\rho = .25, p < .05$ ).

In relation to content validity, examination of items loading on to the two factors of the MSSQ showed that the final measure was addressing the degree to which the mother expressed emotional support towards their child following

disclosure of sexual abuse. It also assessed the degree to which they blamed their child for the occurrence of the abuse, as well as doubted whether the abuse actually took place.

For predictive validity, Smith et al. (2010) examined the relationship between MSSQ scores and clinically relevant outcome by using the Child Behaviour Checklist (CBCL; Achenbach, 1991), a widely used parent-report measure of general behavioural and social maladjustment designed for use with children aged four to 18 years. In support of a relationship between the MSSQ and clinical outcome for the child, they found that higher scores on the Emotional Support scale were related to lower levels of problem behaviours. Additionally, more blame and doubt on the mother's part, as measured by the Blame/Doubt subscale, was related to more problem behaviours and emotions in the child.

### *2.3 Utility*

The MSSQ, although developed in line with previous studies of maternal support, as well as through clinical experience and consultation with experts in the child sexual abuse field, is not underpinned by any psychological model or theory in the same way as the NAPS, and is 'contextually insensitive' which makes it less useful as a measure, and potentially more punitive towards the NOM, particularly where no account is taken of other major stressors. Further, the MSSQ represents, at best, a single time period which cannot account for fluctuations in maternal behaviour, as a result of initial trauma reactions to the disclosure, for example. This highlights the importance of repeating such a measure at regular intervals in the aftermath of a child abuse disclosure. However, the MSSQ has yet to be tested in terms of its relation to case outcome, specifically in relation to the non-offending mother's future capacity to protect, which would appear to be the pivotal issue in many child protection cases where a child alleges abuse.

Since its publication, the MSSQ has been used in further psychometric development by Smith et al. (2017) addressing the triangulation between mother and child self-report to offer a more robust measure of maternal support. In their more recent work, developing the Maternal Support Questionnaire – Child Report (MSQ-CR), Smith et al. (2017) found adequate internal consistency and, in terms of construct validity, modest, but significant



correlations with the MSSQ. The results of their investigations highlighted the importance of querying both children and their mothers about maternal support from both a research and child protection perspective. For example, within the context of treatment planning and intervention, the results highlighted the importance of assessing maternal support from the child's perspective, due to the potential for mothers to engage in behaviours (e.g., Protection/Retaliation) that they themselves view as supportive, but that are associated with higher levels of post-traumatic stress symptoms in the child. However, although it was found to be important to assess child-report ratings of maternal support, means of doing so remain rather limited, and with the exception of their development efforts, they identified lack of measures for maternal support from a child's perspective. This gap in the assessment process may be, in part, due to the reliability of child-report increasing with age and that a method such as a questionnaire would be entirely inappropriate for younger children, recognised by Smith et al. (2017) with their normative sample of seven to 17 year olds.

Overall, the MSSQ use in research into maternal support, post-disclosure, appears limited. Furthermore, in clinical settings, tools such as the Capacity and Ability to Supervise and Protect – Risk Framework (CASP-R; McGibbon & Leonard, 2018) which take a strengths-based approach to assessing areas (including response following disclosure), using self-report as well as file review, are becoming far more widely recognised and employed.

### **3.0 Conclusion**

In relation to the psychometric assessment of NOM support following disclosure of abuse, the MSSQ is superior to many of its predecessors in that it elicits information in two widely hypothesised domains of maternal support (emotional support and belief in the abuse) in a multi-dimensional way, resulting in interval data. The tool has been reported, by its authors, to have adequate internal consistency for both of its two scales, attesting to the relevance of each constituent item. It would be relatively quick to administer, being only 14 items, and does not require specific training, thus maximising its utility. In contrast, a disadvantage of the NAPS, as noted by Smith et al. (2010), is that it requires training to administer and has not been used widely.



In terms of the MSSQs disadvantages as a measure, perhaps a major short-coming is that no test-retest reliability data available. Therefore, it is not possible to determine the temporal stability of the items, and that measurement errors may result simply through the lack of stability of the items over time. This could lead to erroneous conclusions being drawn about fluctuations in a mother's level of support of her child which are simply due to test error, as opposed to genuine change.

The lack of a theoretical conceptualisation of NOM support has led to enormous differences in its measurement. Without the known construct validity of NOM support, a variety of issues have no resolution yet (Bolen et al., 2015). For example, NOM support overlaps with closely related constructs, such as general parenting and parent-child attachment. Due to this, several researchers are reported to have used slightly modified measures of general parenting to capture NOM support (Leifer, Kilbane, & Grossman, 2001; Spaccarelli & Kim, 1995), suggesting that some researchers conceptualise NOM support as closely matched with typical parenting behaviours. In order to test this theory, Smith et al. (2010) used the MSSQ with non-offending mothers of non-abused children, finding a weak relationship between their emotional support factor and a measure of general emotional support in parenting. Furthermore, Bolen and Lamb (2007) also found only a moderate relationship between greater security in maternal attachment and maternal support, suggesting different constructs between these populations.

Limitations of measuring maternal support through psychometric assessment mean that the emotional trauma response of the disclosure on the mother is not accounted for, nor are the fluctuations in belief and support towards the child. Further, there is a lack of consideration for other important intervening variables, such as financial dependency upon the perpetrator, concurrent mental health problems, or substance misuse, domestic violence within the relationship, and ability to actually perceive risk, all of which may impact upon the NOMs capacity to protect their child in the future. This is where clinician interviews and file review can contribute. The clinician can assess emotional state throughout the interview, for example, emotional traits such as empathy and anger (Menzies, Webster, & Sepejak, 1985), as well as physiological and behavioural traits. Thus, suggesting that a comprehensive assessment of NOM support would require a clinician to adopt various methods

and the use of psychometric tools in conjunction with clinical interviews has, therefore, been judged to be most effective (Murray & Thompson, 2010; Scott & Resnick, 2006).

Whilst a climate of criticism of experts, including psychologists, is recognised, particularly in respect of clinical practice, research has considered the views of those commissioning psychological assessments of constructs such as NOM support, and strongly suggests, in line with similar previous research, that expert psychological assessment and opinion is valued, and is perceived as helpful, and as adding value in decision-making in cases of child abuse (Garrett & Wilcox, 2014). Addressing the evidence and issues associated with psychological assessment, Meyer et al. (2001) gathered data from more than 125 meta-analyses on test validity and 800 samples examining multimethod assessment. They drew four general conclusions: 1) Psychological test validity is strong and compelling; 2) Psychological test validity is comparable to medical test validity; 3) Distinct assessment methods provide unique sources of information; 4) Clinicians who rely exclusively on interviews are prone to incomplete understandings. Thus, following principles for optimal research, it can be suggested that a multimethod assessment battery provides a structured means for skilled clinicians to maximise the validity of individualised assessments (Meyer et al., 2001). In terms of continuing research, some methods of measurement may not be ethical or practical. Therefore, where researchers cannot use file review, developing more robust measures of maternal support for child-report, as well as for the report of any external parties observing the mothers (such as professionals likely to have therapeutic input), may aid the reliability and consistency of the assessment.

In conclusion, there are advantages and disadvantages across the methods for assessing NOM support of their child following disclosure of abuse. Therefore, it has been determined that a multimethod assessment approach provides stronger validity and more reliable results than a single method approach, particular for clinical use. However, the theoretical framework from which the psychometric measures are developed also provides the validity and reliability required for empirical research.

## Discussion

### *1.0 Summary*

When a child has been abused by a caregiver, the discovery of this is, typically, an emotionally distressing and potentially traumatic experience for the non-offending mother. This is often compounded by a number of circumstantial issues whereby the mothers face increased challenges in relation to practical, financial, relational, and legal stressors. In relation to this, mothers often face increased demands within their own family, as well as from broader social networks, and intervening authorities. Non-offending mothers have been identified as experiencing increased social isolation following the discovery of their child's abuse, and in the midst of the impact of the family breakdown, this is another stressor that many mothers must contend with. They need to collaborate and cooperate with a range of agencies such as the police, child protective services, and courts, each with their own authority, with increased scrutiny from these professionals who are actively intervening with the family. Whilst facing these challenges, the mother is expected to meet the needs of the child victim, as well as for herself, so that she can achieve critical roles in the family recovery.

As maternal support has been recognised as crucial for her child's recovery, it is important to consider the emerging evidence of the considerable psychosocial challenges that mothers face, prior to, and upon, the disclosure of their child's abuse. With this acknowledgement of the important role that mothers play, research efforts have sought to understand these particular challenges so that non-offending mothers can be best supported in providing ongoing care for their child/ren.

This thesis set out to explore the areas of particular interest and emphasis with this population: psychological characteristics and functioning; maternal childhood histories; maternal post-disclosure response (Crawford, 1999; Elliott & Carnes, 2001). The overall aim was to address the gap in the existing literature, by conducting exploratory investigations of the personalities and childhood experiences of non-offending mothers, from a more varied child abuse case history, in order to look for patterns, contribute to the literature, and inform treatment practices targeted at the mother during recovery journeys of families,

post-disclosure. What was discovered is that non-offending mothers (NOMs) are a complex and diverse population.

Initial exploration produced varied results, where the personality of NOMs was found to be rather heterogeneous, and the focus within the existing literature related largely to cases of child sexual abuse only. Despite using detailed retrospective data, in efforts to include cases of sexual and non-sexual abuse, no significantly identifiable differences amongst the NOMs, based upon the type of abuse that occurred in the household, were discovered. However, NOMs of lower cognitive abilities were significantly more likely to come from a household where physical and sexual abuse had occurred, compared to where these were reported in isolation. When investigated, ACEs were reported by almost all of the population. Further, the number of ACEs appeared to increase risk and adjustment challenges in the NOMs, as a higher number of ACEs was associated with increased risk of self-harming behaviours, the likelihood of the NOMs having been in a domestically abusive relationship with the perpetrator of the child abuse, and increased engagement in unlawful or antisocial behaviour.

The most salient findings related to the mother's inhibited sociability, her low mood, and anxiety. Further, the presence of adverse childhood experiences was linked to increased risk and adjustment challenges in the NOMs. Generally, however, consistent, significant findings were not reported in relation to any particular personality traits, and measures for assessing post-disclosure support by this subgroup of mothers was summarised as an area of ongoing development. Overall, the studies confirmed the importance of focusing upon the non-offending mother within the literature, so that targeted psychological practices can be offered to support her in reducing any personal risk and developing protective factors. With the literature identifying ongoing development of assessment tools and therapeutic practices aimed at non-offending partners, it is hoped that the findings herein act as a basis for further exploration, and offer an indication of the adaptive approach required to supporting a non-offending mother, with various aspects of her wellbeing, to best fulfil her roles as a protector, a parent, a supervisor and a partner in the future.

## 2.0 *Limitations*

The main limitations found throughout the thesis related to methodical issues across the chapters. With limited access to data from a NOM population, there were shortcomings in both the information available and the analysis. It is considered that the knowledgebase on NOMs would benefit from the inclusion of more circumstantial information. In relation to this, factors such as 'cycle of abuse' could not be measured, as data were not gathered in relation to the child victim, such as their sex and relationship to the perpetrator. Furthermore, the number of children abused in the mothers' care was missing from the data, as well as information about the placement of child/ren following the discovery of abuse.

The research within this thesis would have been improved with a strong comparative group, so that abnormalities in NOMs could be more easily identified. In addition, exploring a sub-group such as non-offending mothers of children abused by another carer does not offer generalisable results for the wider NOP population. Despite this, the consistent finding across the studies was the heterogeneity of the population, so a larger sample may only have served to confirm this overall result.

Perhaps the most important limitation to the research within this thesis was that, whilst aiming to explore the characteristics and experiences that impact on a mother's ability to support her child's recovery, there was a lack of focus on the intervening variables that might have a direct effect on a mother's ability to perceive and manage risk, such as increased life stress and personal risk to self.

### *3.0 Implications and Future Directions*

The present thesis offers several potential clinical implications, as well as a base from which further, focused research can be conducted. Clinically, it is anticipated the findings will contribute to support service provision for families affected by child abuse by enhancing the understanding of the central issues and needs of mothers in their own recovery journey, and how these can best be addressed, improving their general adjustment. Such knowledge and intervention then has the potential to indirectly improve child victim outcomes, given consistent evidence that these are significantly shaped by maternal responses and support. The identification of abuse (although not necessarily sexual) in much this population's childhood may impact on attachment, schema

and personality development with these factors appearing to be increase exposure to risk factors (such as substance misuse and victimisation of DVA), as well as limit access to protective factors (particularly social/familial support), which combined may increase the risk to their children. Therefore, it will be important to consider preventative interventions (the support needed for women who have experienced childhood adversity, so that they can avoid these risk factors and develop protective factors; Cahalane & Duff 2018) and reactive interventions, where the findings of these studies can contribute to the content of group work for NOMs.

Future directions for research into this population might focus upon specific experiences, perhaps moving away from the already largely supported body of literature regarding continuation of intrafamilial sexual abuse, and focusing on domestic abuse, the effects of experiencing parental separation on future parenting practices, or the ACEs of parents with particular personality disorders. Relatedly, it will be important for future research to include a large sample to reduce the likelihood of type-II error, as well as to continue to update the literature to address changes in household cultures, and to include a more diverse population, outside of North America. Furthermore, the literature fails to account for the mother's perspective of future risk. Therefore, research in this area should extend the population, taking into account variables relating to the NOMs ability to adequately protect children from harm in the future.

Despite the stated limitations, in conducting this thesis it has been possible for the author to identify the overall findings and shortcomings of previous research relating to the personality and adverse childhood experiences of non-offending mothers, as well as identifying the most effective means of assessing their support for the child victim. However, it would appear that it has still not been possible to offer clear a intervention model that targets general aspects of personality, but rather confirmation of focussing upon the specific needs of NOMs in individual cases of child abuse, in its various forms.

## References

\* *Included in systematic review*

\*\* *Did not meet inclusion criteria for systematic review*

Achenbach, T. M. (1991). *The Child Behavior Checklist manual*. Burlington, VT: The University of Vermont.

Ackerman, M. J., & Ackerman, M. C. (1997). Custody evaluation practices: A survey of experienced professionals (revisited). *Professional Psychology: Research and Practice*, 28(2), 137-145. Retrieved from <https://psycnet.apa.org/buy/1997-03377-007>.

\*\*Adams, J., Mrug, S., & Knight, D. C. (2018). Characteristics of child physical and sexual abuse as predictors of psychopathology. *Child Abuse and Neglect*, 86, 167-177. doi: 10.1016/j.chiabu.2018.09.019.

Adams, W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey, J. S. (Eds) *Handbook of practical program evaluation* (pp. 494-505). Hoboken, NJ: John Wiley & Sons.

Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. *American Journal of Psychiatry*, 139(10), 1252-1256. doi: 10.1176/ajp.139.10.1252.

\*\*Alexander, P. C., & Lupfer, S. L. (1987). Family characteristics and long-term consequences associated with sexual abuse. *Archives of Sexual Behaviour*, 16, 235-245. doi: 10.1007/BF01541611.

Andrews, B., Brown, G. W., & Creasy, L. (1990). Intergenerational links between psychiatric disorder in mothers and daughters: The role of parenting experiences. *Journal of Child Psychiatry*, 31(7), 1115-1129. doi: 10.1111/j.1469-7610.1990.tb00850.x.

\*\*Avery, L., Massat, C. R., & Lundy, M. (1998). The Relationship Between Parent and Child Reports of Parental Supportiveness and Psychopathology of Sexually Abused Children. *Child and Adolescent Social Work Journal*, 15, 187-205. doi: 10.1023/A:1022236502166.

\*\*Baril, K., Tourigny, M., Paille, P., & Pauze, R. (2016). Characteristics of Sexually Abused Children and Their Nonoffending Mothers Followed by Child Welfare Services: The Role of a Maternal History of Child Sexual

- Abuse. *Journal of Child Sexual Abuse*, 25(5), 504-523. doi: 10.1080/10538712.2016.1176096.
- \*\*Bathurst, K., Gottfried, A. W., & Gottfried, A. E. (1997). Normative data for the MMPI-2 in child custody litigation. *Psychological Assessment*, 9, 205-211. doi: 10.1037/1040-3590.9.3.205.
- \*\*Beach, S. R. H., Brody, G. H., Lei, M. K., Gibbons, F. X., Gerrard, M., Simons, R. L., . . . Philibert, R. A. (2013a). Impact of child sex abuse on adult psychopathology: A genetically and epigenetically informed investigation. *Journal of Family Psychology*, 27(1), 3-11. doi: 10.1037/a0031459.
- \*\*Beach, S. R. H., Brody, G. H., Lei, M. K., Gibbons, F. X., Gerrard, M., Simons, R. L., . . . Philibert, R. A. (2013b). "Impact of child sex abuse on adult psychopathology: A genetically and epigenetically informed investigation": Correction to Beach et al. (2013a). *Journal of Family Psychology*, 27(2), 329. doi: 10.1037/a0032326.
- Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C., & Lowey, H. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Med* 12(72). doi: 10.1186/1741-7015-12-72
- Bellis, M. A., Lowey, H., Leckenby, N., Hughes, K., & Harrison, D. (2014). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of public health*, 36(1), 81-91. doi: 10.1093/pubmed/fdt038.
- \*\*Bidarra, Z. S., Lessard, G., & Dumont, A. (2016). Co-occurrence of intimate partner violence and child sexual abuse: Prevalence, risk factors and related issues. *Child Abuse and Neglect*, 55, 10-21. doi: 10.1016/j.chiabu.2016.03.007.
- Bjelland, I., Dahl, A. A., Haug, T. T., & Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale. An updated literature review. *Journal of Psychosomatic Research*, 52(2), 69-77. doi: 10.1.1.457.6433&rep=rep1&type=pdf.
- Bolen, R. M. (2002). Guardian support of sexually abused children: A definition in search of a construct. *Trauma, Violence & Abuse*, 3(1), 40-67. doi: 10.1177/15248380020031003.



- \*\*Bolen, R. M. (2003). Nonoffending mothers of sexually abused children. *Violence Against Women*, 9(11), 1336–1366. doi: 10.1177/1077801203256001.
- \*\*Bolen, R. M., Dessel, A. B., & Sutter, J. (2015). Parents Will Be Parents: Conceptualizing and Measuring Nonoffending Parent and Other Caregiver Support Following Disclosure of Sexual Abuse. *Journal of Aggression Maltreatment & Trauma*, 24(1), 41-67. doi: 10.1080/10926771.2015.1005267.
- Bolen, R. M., & Gergely, K. B. (2015). A meta-analytic review of the relationship between nonoffending caregiver support and post disclosure functioning in sexually abused children. *Trauma, Violence, & Abuse*, 16(3), 258-279. doi: 10.1177/1524838014526307.
- \*\*Bolen, R. M., & Lamb, J. L. (2007). Can Nonoffending Mothers of Sexually Abused Children Be Both Ambivalent and Supportive? *Child Maltreatment*, 12(2), 191-197. doi: 10.1177/1077559507300132.
- Bolen, R. M., Lamb, J. L., & Grandante, J. (2002). The Needs-Based Assessment of Parental (Guardian) Support: a test of its validity and reliability. *Child Abuse and Neglect*, 26(10), 1081-1099. doi: 10.1016/S0145-2134(02)00372-1.
- \*\*Bow, J. N., Flens, J. R., & Gould, J. W. (2010). MMPI-2 and MCMI-III in forensic evaluations: A survey of psychologists. *Journal of Forensic Psychology Practice*, 10, 37–52. doi: 10.1080/15228930903173021.
- Brière, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of Children*, 4(2), 54-69. doi: 10.2307/1602523.
- \*\*Brock, K. J., Mintz, L. B., & Good, G. E. (1997). Differences among sexually abused and nonabused women from functional and dysfunctional families. *Journal of Counseling Psychology*, 44(4), 425-432. doi: 10.1037/0022-0167.44.4.425.
- Browning, D., & Boatman, B. (1977). Incest: Children at risk. *American Journal of Psychiatry*, 133(1), 69-72. doi: 10.1176/ajp.133.1.69.
- Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A. M., & Kaemmer, B. (1989). *Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*. Minneapolis, MN: University of Minnesota Press.

- Cahalane, H., & Duff, S. (2018). A qualitative analysis of nonoffending partners' experiences and perceptions following a psychoeducational group intervention. *Journal of sexual aggression, 24*(1), 66-79. doi: 10.1080/13552600.2017.1384264
- \*\*Carr, G. D., Moretti, M. M., & Cue, B. J. H. (2005). Evaluating Parenting Capacity: Validity Problems With the MMPI-2, PAI, CAPI, and Ratings of Child Adjustment. *Professional Psychology: Research & Practice, 36*(2), 188-196. doi: 10.1037/0735-7028.36.2.188.
- Carson, C. A. (1969). Interpretative manual to the MMPI. In J. N. Butcher (Ed.), *MMPI: Research developments and clinical applications* (pp. 279-296). New York: McGraw-Hill.
- Carstairs, K. S., Beazley Richards, J., Fletcher, E. G., Droscher, H. K., & Ecob, R. (2012). Comparison of MMPI-2 Trends in UK and USA Parental Competency Examinees. *Journal of Child Custody, 9*(3), 195-200. doi: 10.1080/15379418.2012.715548.
- CASP (2018). *Critical Appraisal Skills Programme checklist*. Retrieved from <https://casp-uk.net/casp-tools-checklists/>.
- \*\*Cerezo, M. A., D'Ocon, A., & Dolz, L. (1996). Mother-child interactive patterns in abusive families versus nonabusive families: an observational study. *Child Abuse and Neglect, 20*(7), 573-587. doi: 10.1016/0145-2134(96)00045-2.
- \*\*Chard, K. M., Johnson, D. M., & Sheahan, T. C. (2003). Personality disorders, coping strategies, and posttraumatic stress disorder in women with histories of childhood sexual abuse. *Journal of Child Sexual Abuse, 12*(2), 19-39. doi: 10.1300/J070v12n02\_02.
- Chen, L. P., Hassan Murad, M., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., . . . Zirakzadeh, A. (2010). Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-analysis. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes, 85*(7), 618-629. doi: 10.4065/mcp.2009.0583.
- \*Chiaramello, S., Cyr, M., McDuff, P., Laguerre, C. E., Rodgers, R. F., Walburg, V., & Lignon, S. (2018). Effects of personality traits and characteristics of child sexual abuse on maternal reactions and support. *European Review of Applied Psychology, 68*(3), 99-106. doi: 10.1016/j.erap.2018.04.003.

- \*\*Clark, L. A., Kochanska, G., & Ready, R. (2000). Mothers' Personality and Its Interaction With Child Temperament as Predictors of Parenting Behavior. *Journal of Personality & Social Psychology*, 79(2), 274-285. doi: 10.1037/0022-3514.79.2.274.
- Conte, J. R., & Schuerman, J. R. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*, 11(2), 201-211. doi: 10.1016/0145-2134(87)90059-7.
- Cormier, B. M., Kennedy, M., & Sangowicz, J. (1962). Psychodynamics of father daughter incest. *Canadian Psychiatric Association Journal*, 7(5), 203-217. doi: 10.1177/070674376200700502.
- Costa, P. T., Jr., & McCrae, R. R. (1992). *NEO PI-R: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Costa, P. T., Jr., & McCrae, R. R. (2002). Looking backward: Changes in the mean levels of personality traits from 80 to 12. In D. Cervone & W. Mischel (Eds.), *Advances in personality science* (pp. 219-237). New York, NY: Guilford.
- \*\*Crawford, S. L. (1999). Intrafamilial sexual abuse: What we think we know about mothers, and implications for intervention. *Journal of Child Sexual Abuse*, 7(3), 55-72. doi: 10.1300/J070v07n03\_04.
- Crouch, E., Radcliff, E., Strompolis, M., & Wilson, A. (2018). Adverse Childhood Experiences (ACEs) and alcohol abuse among South Carolina adults. *Substance Use & Misuse*, 53(7), 1212-1220. doi: 10.1080/10826084.2017.1400568.
- \*\*Culp, R. E., Culp, A. M., Soulis, J., & Letts, D. (1989). Self-esteem and depression in abusive, neglecting, and nonmaltreating mothers. *Infant Mental Health Journal*, 10, 243-251. doi: 10.1002/1097-0355(198924)10:4<243::AID-IMHJ2280100402>3.0.CO;2-C.
- \*\*Cyr, M., Frappier, J. Y., Hebert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2016). Psychological and Physical Health of Nonoffending Parents After Disclosure of Sexual Abuse of Their Child. *Journal of Child Sexual Abuse*, 25(7), 757-776. doi: 10.1080/10538712.2016.1228726.
- \*Cyr, M., McDuff, P., & Hebert, M. (2013). Support and Profiles of Nonoffending Mothers of Sexually Abused Children. *Journal of Child Sexual Abuse*, 22(2), 209-230. doi: 10.1080/10538712.2013.737444.

- \*\*Davies, M. G. (1995). Parental distress and ability to cope following disclosure of extra-familial sexual abuse. *Child Abuse and Neglect*, 19(4), 399-408. doi: 10.1016/0145-2134(95)00010-6.
- Davies, S. (2009, October 22). Proof on the balance of probabilities: what this means in practice. Retrieved from [https://uk.practicallaw.thomsonreuters.com/2-500-6576?transitionType=Default&contextData=\(sc.Default\)&firstPage=true&hcp=1](https://uk.practicallaw.thomsonreuters.com/2-500-6576?transitionType=Default&contextData=(sc.Default)&firstPage=true&hcp=1).
- De Jong, A. R. (1988). Maternal responses to the sexual abuse of their children. *Pediatrics*, 81(1), 14-21. doi: 10.1177/1077559503261181.
- \*\*de Paul, J., & Domenech, L. (2000). Childhood history of abuse and child abuse potential in adolescent mothers: a longitudinal study. *Child Abuse and Neglect*, 24(5), 701-713. doi: 10.1016/S0145-2134(00)00124-1.
- \*\*Deblinger, E., Hathaway, C. R., Lippmann, J., & Steer, R. (1993). Psychosocial characteristics and correlates of symptom distress in nonoffending mothers of sexually abused-children. *Journal of Interpersonal Violence*, 8(2), 155-168. doi: 10.1177/088626093008002001.
- \*\*Deblinger, E., Stauffer, L., & Landsberg, C. (1994). The impact of a history of child sexual abuse on maternal response to allegations of sexual abuse concerning her child. *Journal of Child Sexual Abuse*, 3(3), 67-75. doi: 10.1300/J070v03n03\_05
- \*\*Deblinger, E., Taub, B., Maedel, A. B., Lippmann, J., & Stauffer, L. B. (1998). Psychosocial factors predicting parent reported symptomatology in sexually abused children. *Journal of Child Sexual Abuse*, 6(4), 35-49. doi: 10.1300/J070v06n04\_03.
- Dietz, C., & Craft, J. (1980). Family dynamics of incest: A new perspective. *Social Casework*, 61(10), 602-609. doi: 104438948006101002.
- Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *JAMA*, 286(24), 3089-3096. doi: 10.1001/jama.286.24.3089.
- Dube, S. R., Cook, M. L., & Edwards, V. J. (2010). Health-related outcomes of adverse childhood experiences in Texas, 2002. *Preventing Chronic Disease* 7(3), 1-9. Retrieved from [ncbi.nlm.nih.gov/pmc/articles/PMC2879984/](https://ncbi.nlm.nih.gov/pmc/articles/PMC2879984/).

- Duff, S., Wakefield, N., Croft, A., Perry, L., Valavanis, S. and Wright, L. (2017). "A service for non-offending partners of male sexual offenders". *The Journal of Forensic Practice*, 19(4), 288-295. doi: 10.1108/JFP-02-2017-0004.
- \*\*Elhai, J. D., Gold, S. N., Mateus, L. F., & Astaphan, T. A. (2001). Scale 8 elevations on the MMPI-2 among women survivors of childhood sexual abuse: evaluating posttraumatic stress, depression, and dissociation as predictors. *Journal of Family Violence*, 16(1), 47-57. doi: 10.1023/A:1026576425986.
- \*\*Elliott, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: a review of the literature. *Child Maltreatment*, 6(4), 314-331. doi: 10.1177/1077559501006004005.
- Erooga, M., & Masson, H. (1989). The silent volcano: Groupwork with mothers of sexually abused children. *Practice: Social Work in Action*, 3(1), 24-41. doi: 10.1080/09503158908416859.
- Esparza, D. (1993). Maternal support and stress response in sexually abused girls ages 6–12. *Issues in Mental Health Nursing*, 14, 85–107. doi: 10.3109/01612849309006892.
- \*\*Ethier, L. S., Lacharite, C., & Couture, G. (1995). Childhood adversity, parental stress, and depression of negligent mothers. *Child Abuse and Neglect*, 19(5), 619-632. doi: 10.1016/0145-2134(95)00020-9.
- Euser, A. M., Zoccali, C., Jager, K. J., & Dekker, F. W. (2009) Cohort Studies: Prospective versus Retrospective. *Nephron Clinical Practice*, 113, 214-217. doi: 10.1159/000235241.
- Everson, M. D., Hunter, W. M., Runyon, D. K., Edelsohn, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59(2), 197-207. doi: 10.1111/j.1939-0025.1989.tb01651.x.
- Eyden, J., Winsper, C., Wolke, D., Broome, M. R. & MacCallum, F. (2016). A systematic review of the parenting and outcomes experienced by offspring of mothers with borderline personality pathology: Potential mechanisms and clinical implications. *Clinical Psychology Review*, 47, 85-105. doi: 10.1016/j.cpr.2016.04.002.
- Eysenck, H. J., & Eysenck, S. B. G. (1975). *Manual Eysenck Personality Questionnaire*. San Diego, CA: Educational and Industrial Testing Service (EDITS).

- \*\*Faridah, K. C., & Kangas, M. (2018). Parental Relations and Family Functioning in Non-Offending Caregivers of Abused Children. *Journal of Child and Family Studies*, 27(4), 1287-1298. doi: 10.1007/s10826-017-0972-5.
- Finkelhor, D., Moore, D., Hamby, S. L., & Straus, M. A. (1997). Sexually abused children in a national survey of parents: Methodological issues. *Child Abuse and Neglect*, 21(1), 1-9. doi: 10.1016/S0145-2134(96)00127-5.
- Fleiss, J. L. (1986). *The Design and Analysis of Clinical Experiments*. New York, NY: Wiley.
- \*\*Fontaine, D., & Nolin, P. (2012). Personality Disorders in a Sample of Parents Accused of Physical Abuse or Neglect. *Journal of Family Violence*, 27(1), 23-31. doi: 10.1007/s10896-011-9403-3.
- \*\*Francis, C. R., Hughes, H. M., & Hitz, L. (1992). physically abusive parents and the 16-pf - a preliminary psychological typology. *Child Abuse and Neglect*, 16(5), 673-691. doi: 10.1016/0145-2134(92)90105-z.
- Friedman, A. F., Webb, J. T., & Lewak, R. (1989). *Psychological Assessment with the MMPI-2*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- \*Friedrich, W. N. (1991). Mothers of sexually abused children: An MMPI study. *Journal of Clinical Psychology*, 47, 778-783. doi: 10.1002/10974679%28199111%2947:6%3C778::AID-JCLP2270470608%3E3.0.CO;2-4.
- \*\*Friedrich, W. N. (Ed.) (2002). *Psychological assessment of sexually abused children and their families*. Thousand Oaks, CA: Sage.
- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse and Neglect*, 10(1), 5-15. doi: 10.1016/0145-2134(86)90026-8
- \*\*Gambetti, E., Zucchelli, M. M., Nori, R., & Giusberti, F. (2019). Psychological Assessment in Abuse and Neglect Cases: The Utility of the MMPI-2. *Professional Psychology: Research & Practice*, 50(6), 384-394. doi: 10.1037/pro0000272.
- Garrett, T., & Wilcox, R. M. (2014). Referrers' views on the quality of psychological reports on adults in childcare proceedings. *Forensic Update*, 116, 6-10. Retrieved from [https://www.researchgate.net/publication/305626633\\_Referrers'\\_views\\_](https://www.researchgate.net/publication/305626633_Referrers'_views_)

on\_the\_quality\_of\_psychological\_reports\_on\_adults\_in\_childcare\_proceedings.

\*\*Goldblatt, H., Buchbinder, E., & Cohen, R. (2014). Re-experiencing motherhood: Transformation of relationships between formerly abused women and their children. *Violence against Women*, 20(5), 561-580. doi: 10.1177/1077801214535106.

Graham, J. R. (1983). *The MMPI: A practical guide*. New York: Oxford University Press

Hall, G. C. N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behavior*, 19, 8-23. doi: 10.1177/0093854892019001003.

Hanson, R. K., & Bussière, M. T. (1998). Predicting Relapse: A Meta-Analysis of Sexual Recidivism Studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348-362. doi: 10.1037/0022-006X.66.2.348.

\*\*Halperin, T. (2017). *MMPI-2 Personality Characteristics of Parents in Child Custody Litigation with Intimate Partner Violence Allegations* (Unpublished doctoral dissertation). Alliant International University, San Diego.

Hart, S. D., Michie, C. & Cooke, D. J. (2007). Precision of actuarial risk assessment instruments. *British Journal of Psychiatry*, 190(49), s60-s65. doi: 10.1192/bjp.190.5.s60.

Hathaway, S. R. (1967). *Minnesota Multiphasic Personality Inventory*. San Antonio, TX: Psychological Corporation.

Haugaard, J. J., Reppucci, N. D., Laird, J., & Nautul, T. (1991) Children's definitions of the truth and their competency as witnesses in legal proceedings. *Law and Human Behavior*, 15, 253-271. doi: 10.1007/BF01061712.

Hébert, M., Cénat, J. M., Blais, M., Lavoie, F., & Guerrier, M. (2016). Child sexual abuse, bullying, cyberbullying, and mental health problems among high schools students: A moderated mediated model. *Depression and Anxiety*, 33(7), 623-629. doi:10.1002/da.22504.

Hébert, M., Daigneault, I., Collin-Vézina, D., & Cyr, M. (2007). Factors linked to distress in mothers of children disclosing sexual abuse. *The Journal of nervous and mental disease*, 195(10), 805-811. doi: 10.1097/NMD.0b013e3181568149.

- Heriot, J. (1996). Maternal protectiveness following the disclosure of intrafamilial child sexual abuse. *Journal of Interpersonal Violence*, 11(2), 181-194. doi: 10.1177/088626096011002003.
- Hersko, M., Halleck, S., Rosenberg, M., & Pacht, A. R. (1961). Incest: A three way process. *Journal of Social Therapy*, 7(1), 22.
- \*\*Hiebert-Murphy, D. (1998). Emotional distress among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping. *Child Abuse and Neglect*, 22(5), 423-435. doi: 10.1016/S0145-2134(98)00006-4.
- \*\*Hiebert-Murphy, D. (2000). Factors related to mothers' perceptions of parenting following their children's disclosures of sexual abuse. *Child Maltreatment*, 5(3), 251-260. doi: 10.1177/1077559500005003005.
- Hill, A. (2005). Patterns of Non-offending Parental Involvement in Therapy with Sexually Abused Children A Review of the Literature. *Journal of Social Work*, 5(3), 339-358. doi: 10.1177/1468017305058939.
- \*\*Hiraoka, R., Crouch, J. L., Reo, G., Wagner, M. F., Milner, J. S., & Skowronski, J. J. (2016). Borderline personality features and emotion regulation deficits are associated with child physical abuse potential. *Child Abuse and Neglect*, 52, 177-184. doi: 10.1016/j.chiabu.2015.10.023.
- Hooper, C. A., & Humphreys, C. (1998). Women whose children have been sexually abused: Reflections on a debate. *British Journal of Social Work*, 28(4), 565-580. doi: 10.1093/oxfordjournals.bjsw.a011367.
- \*\*Horton, A. L., & Johnson, B. L. (1993). Profile and strategies of women who have ended abuse. *Families in Society: The Journal of Contemporary Human Services*, 74(8), 481-492. doi: 10.1177/104438949307400804.
- \*\*Howard, C. A. (1993). Factors influencing a mother's response to her child's disclosure of incest. *Professional Psychology: Research and Practice*, 24(2), 176. doi: 10.1037/0735-7028.24.2.176.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., . . . Dunne, M. P., (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*, 2, 356-366. Retrieved from [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30118-4.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30118-4.pdf).



- \*\*Hughes, M., & Cossar, J. (2016). The Relationship between Maternal Childhood Emotional Abuse/Neglect and Parenting Outcomes: A Systematic Review. *Child Abuse Review*, 25(1), 31-45. doi: 10.1002/car.2393.
- Johnson, B., & Kenkel, M. (1991). Stress, coping, and adjustment in female adolescent incest victims. *Child Abuse and Neglect*, 15(3) 293-305. doi: 10.1016/0145-2134(91)90073-m.
- Joyce, P. A. (1997). Mothers of sexually abused children and the concept of collusion: A literature review. *Journal of Child Sexual Abuse*, 6(2), 75-92. doi: 10.1300/J070v06n02\_05.
- Kalmakis, K. A., & Chandler, G. E. (2013). Adverse childhood experiences: towards a clear conceptual meaning. *Journal of Advanced Nursing*, 70(7), 1489-1501. doi: 10.1111/jan.12329.
- Karson, S., & O'Dell, J. W. (1976). *A guide to the clinical use of the 16PF*. Champaign, IL: Institute for Personality and Ability Testing.
- Kaufman, I., Peck, A. L., & Tagiuri, C. K. (1954). The family constellation and overt incestuous relations between father and daughter. *American Journal of Orthopsychiatry*, 33(2), 266-279. doi: 10.1111/j.1939-0025.1954.tb02017.x.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180. doi: 10.1037/0033-2909.113.1.164.
- Kessler, R. C., McLaughlin, K. A., Greif Green, J., & Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., . . . Williams, D. R. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197(5), 378-385. doi: 10.1192/bjp.bp.110.080499.
- Khan, K. S., ter Riet, G., Popay, J., Nixon, J., & Kleijnen, J., (2001). Study quality assessment (CRD Report 4). In K. S. Khan, G. ter Riet, J. Glanville, A. J. Snowden, J. Kleijnen, (Eds.) *Undertaking Systematic Reviews of Research on Effectiveness: CRD's Guidance for Carrying out or Commissioning Reviews, Second Edition* (pp. 199-219). University of York, York: Centre for Reviews and Dissemination.
- \*\*Killen Heap, K. (1991). A predictive and follow-up study of abusive and neglectful families by case analysis. *Child Abuse and Neglect*, 15(1991), 261-273. doi: 10.1016/0145-2134(91)90070-T.

- \*\*Kim, K., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2007). Psychosocial Characteristics of Nonoffending Mothers of Sexually Abused Girls: Findings from a Prospective, Multigenerational Study. *Child Maltreatment*, 12(4), 338-351. doi: 10.1177/1077559507305997.
- \*\*Kim, K., Trickett, P. K., & Putnam, F. W. (2010). Childhood experiences of sexual abuse and later parenting practices among non-offending mothers of sexually abused and comparison girls. *Child Abuse and Neglect*, 34(8), 610-622. doi: 10.1016/j.chiabu.2010.01.007.
- \*\*Kinard, E. M. (1996). Social support, self-worth, and depression in offending and nonoffending mothers of maltreated children. *Child Maltreatment*, 1(3), 272-283. doi: 10.1177/1077559596001003009.
- Kline, P. (1986). *A handbook of test construction: Introduction to psychometric design*. London, UK: Methuen & Co Ltd.
- Knight, R. A., & Prentky, R. A. (1990). Classifying sexual offenders: The development and corroboration of taxonomic models. In W. L. Marshall, D. R. Laws & H. E. Barbaree (Eds.), *The handbook of Sexual Assault: Issues, theories, and treatment of the offender* (pp. 23-52). New York, NY: Academic Press.
- Knott, T., & Fabre, A. (2014). Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature. *IPT Iss Child Abuse Accusations*, 20, 1-7. Retrieved from [http://www.ipt-forensics.com/journal/volume20/j20\\_1.htm](http://www.ipt-forensics.com/journal/volume20/j20_1.htm).
- \*\*Koçtürk, N., & Yüksel, F. (2019). Characteristics of victims and perpetrators of intrafamilial sexual abuse. *Child Abuse and Neglect*, 96, 1. doi: 10.1016/j.chiabu.2019.104122.
- \*\*Koraneck, M. E. (1996). *Intrafamilial child sexual abuse: A study of the relationship between protectiveness in non-offending mothers and their scores on the Minnesota Multiphasic Personality Inventory and Rorschach tests* (Unpublished doctoral dissertation). The University of Texas, Austin.
- Krug, S. E. (1980). *Clinical Analysis Questionnaire manual*. Champaign, IL: Institute for Personality and Ability Testing.
- \*\*Kuo, J. R., Khoury, J. E., Metcalfe, R., Fitzpatrick, S., & Goodwill, A. (2015). An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with

- emotion regulation. *Child Abuse and Neglect*, 39, 147-155. doi: 10.1016/j.chiabu.2014.08.008.
- \*\*Kouyoumdjian, H., Perry, A. R., & Hansen, D. J. (2009).** Nonoffending Parent Expectations of Sexually Abused Children: Predictive Factors and Influence on Children's Recovery. *Journal of Child Sexual Abuse*, 18(1), 40-60. doi: 10.1080/10538710802584627.
- Lee, S. J., Bellamy, J. L., & Guterman, N. B. (2009). Fathers, Physical Child Abuse, and Neglect: Advancing the Knowledge Base. *Child Maltreatment*, 14(3), 227-231. doi: 10.1177/1077559509339388.
- Leifer, M., Kilbane, T., & Grossman, G. (2001). A three-generational study comparing the families of supportive and unsupportive mothers of sexually abused children. *Child Maltreatment*, 6(4), 353-364. doi: 10.1177/1077559501006004008.
- Leifer, M., Kilbane, T., Jacobsen, T., & Grossman, G. (2004a). A three-generational study of transmission of risk for sexual abuse. *Journal of Clinical Child and Adolescent Psychology*, 33(4), 662-672. doi: 10.1207/s15374424jccp3304\_2.
- Leifer, M., Kilbane, T., & Kalick, S. (2004b). Vulnerability or resilience to intergenerational sexual abuse: The role of maternal factors. *Child Maltreatment*, 9(1), 78-91. doi: 10.1177/1077559503261181.
- Leifer, M., Shapiro, J. P., & Kassem, L. (1993). The impact of maternal history and behavior upon foster placement and adjustment in sexually abused girls. *Child Abuse and Neglect*, 17(6), 755-766. doi: 10.1016/S0145-2134(08)80006-3.
- Levey, E. J., Gelaye, B., Bain, P., Rondon, M. B., Borba, C. P. C., Henderson, D. C., & Williams, M. A. (2017). A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families. *Child Abuse and Neglect*, 65, 48-57. doi: 10.1016/j.chiabu.2017.01.004.
- \*\*Lewin, L., & Bergin, C. (2001).** Attachment behaviors, depression, and anxiety in nonoffending mothers of child sexual abuse victims. *Child Maltreatment*, 6(4), 365-375. doi: 10.1177/ 1077559501006004009.
- \*\*Linde-Krieger, L., & Yates, T. M. (2018).** Mothers' History of Child Sexual Abuse and Child Behavior Problems: The Mediating Role of Mothers' Helpless State of Mind. *Child Maltreatment*, 23(4), 376-386. doi: 10.1177/1077559518775536.

- Lodge, J. K. (2012). *The Concurrent Validity of the Shipley-2 and the WAIS-IV* (Unpublished doctoral dissertation). Wright State University, Ohio.
- Macdonald, G., Higgins, J. P. T., Ramchandani, P., Valentine, J. C., Bronger, L. P., Klein, P., . . . Taylor, M. (2012). Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database of Systematic Reviews*, 5. doi: 10.1002/14651858.CD001930.pub3.
- \*\*Mandel, D. R., Lehman, D. R., & Yuille, J. C. (1994). Should this child be removed from home? Hypothesis generation and information seeking as predictors of case decisions. *Child Abuse and Neglect*, 18(12), 1051-1062. doi: 10.1016/0145-2134(94)90131-7.
- Manderville-Norden, R., & Beech, A. R. (2009). Development of a psychometric typology of child molesters: Implications for Treatment. *Journal of Interpersonal Violence*, 24(2), 307-325. doi: 10.1177/0886260508316479.
- \*\*Manion, I., Firestone, P., Cloutier, P., Ligezinska, M., McIntyre, J., & Ensom, R. (1998). Child extrafamilial sexual abuse: predicting parent and child functioning. *Child Abuse and Neglect*, 22(12), 1285-1304. doi: 10.1016/S0145-2134(98)00103-3.
- Manion, I., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. *Child Abuse and Neglect*, 20(11), 1095-1109. doi: 10.1016/0145-2134(96)00098-1.
- Mannarino, A. P., & Cohen, J. A. (1996). Family-Related Variables and Psychological Symptom Formation in Sexually Abused Girls. *Journal of Child Sexual Abuse*, 5(1), 105-120. doi: 10.1300/J070v05n01\_06.
- Marshall, W. L., & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws & H. E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, theories, and treatment of the offender* (pp. 257-275). New York, NY: Plenum.
- Mash, E. J., Johnston, C., & Kovitz, K. (1983). A comparison of the mother-child interactions of physically abused and non-abused children during play and task situations. *Journal of Clinical Child Psychology*, 12(3), 337-346. doi: 10.1080/15374418309533154.
- Maslow, A. H. (1987). *Motivation and personality – Third Edition*. New York, NY: Harper & Row.

- Massat, C. R., & Lundy, M. (1998) "Reporting costs" to nonoffending parents in cases of intrafamilial child sexual abuse. *Child Welfare*, 77(4), 371-388. Retrieved from <https://europepmc.org/article/med/9666550>.
- \*\*McCabe, J. E. (2014). Maternal Personality and Psychopathology as Determinants of Parenting Behavior: A Quantitative Integration of Two Parenting Literatures. *Psychological Bulletin*, 140(3), 722-750. doi: 10.1037/a0034835.
- \*\*McCallum, S. (2001). Nonoffending mothers: An exploratory study of mothers whose partners assaulted their children. *Violence Against Women*, 7(3), 315-334. doi: 10.1177/10778010122182460.
- McCloskey, K. A., & Raphael, D. N. (2005). Adult Perpetrator Gender Asymmetries in Child Sexual Assault Victim Selection: Results from the 2000 National Incident-Based Reporting System. *Journal of Child Sexual Abuse*, 14(4), 1-24. doi: 10.1300/J070v14n04\_01.
- McCloskey, L. A., & Bailey, J. A. (2000). The intergenerational transmission of risk for child sexual abuse. *Journal of interpersonal violence*, 15(10), 1019-1035. doi: 10.1177/088626000015010001.
- McCluskey, A., & Lalkhen, A. G. (2007). Statistics IV: Interpreting the results of statistical tests. *Continuing Education in Anaesthesia Critical Care & Pain*, 7(6), 208-212. doi: 10.1093/bjaceaccp/mkm042
- McCrae, R. R., & Costa, P. T. (1987). Validation of the five-factor model of personality across instruments and observers. *Journal of Personality and Social Psychology*, 52(1), 81-90. doi: 10.1037/0022-3514.52.1.81.
- McCrae, R. R., & John, O. P. (1992). An introduction to the five-factor model and its applications. *Journal of Personality*, 60(2), 175-215. doi: 10.1111/j.1467-6494.1992.tb00970.x.
- McGibbon, G., & Leonard, M. (2018). *The Capacity & Ability to Supervise and Protect – Risk Framework*. McGibbon Consultancy. <https://mcgibbonconsultancy.com/casp-r/>.
- \*\*McGillivray, C. J., Pidgeon, A. M., Ronken, C., & Credland-Ballantyne, C. A. (2018) Resilience in Non-Offending Mothers of Children Who Have Reported Experiencing Sexual Abuse. *Journal of Child Sexual Abuse*, 27(7), 793-810. doi: 10.1080/10538712.2018.1477221.

- \*\*McMillan, L. (2013). *Non-offending mothers of sexually abused children: How they decide whom to believe* (Unpublished doctoral dissertation). University of South Carolina, Columbia.
- Menzies, R. J., & Webster, C. D. (1995). Construction and validation of risk assessments in a six-year follow-up of forensic patients: A tridimensional analysis. *Journal of Consulting and Clinical Psychology*, 63(5), 766-778. doi: 10.1037/0022-006X.63.5.766.
- Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. G., Moreland, K. L., Dies, R. R., . . . Reed, G. M. (2001). Psychological testing and psychological assessment: A review of evidence and issues. *American Psychologist*, 56(2), 128-165. doi: 10.1037/0003-066X.56.2.128.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(7), 1-6. doi: 10.1371/journal.pmed.1000097.
- Morrison, N. C., & Clavenna-Valleroy, J. (1998). Perceptions of maternal support as related to self-concept and self-report of depression in sexually abused female adolescents. *Journal of Child Sexual Abuse*, 7(1), 23-40. doi: 10.1300/J070v07n01\_02.
- \*Muram, D., Rosenthal, T. L., & Beck, K. W. (1994). Personality profiles of mothers of sex abuse victims and their daughters. *Child Abuse and Neglect*, 18(5), 419-423. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=149339>.
- Murray, J., & Thomson, M. E. (2010). Clinical judgement in violence risk assessment. *Europe's Journal of Psychology*, 6(1), 128-149. doi: 10.5964/ejop.v6i1.175.
- Myers, M. (1985). A new look at mothers of incest victims. *Journal of Social Work and Human Sexuality*, 3(2-3), 47-58. doi: 10.1300/J291v03n02\_04.
- National Council of Juvenile and Family Court Judges [NCJFCJ] (2006, October 24). Finding Your ACE Score. Retrieved from <https://www.ncjfcj.org/publications/finding-your-ace-score/>.
- Newberger, C., Gremy, I., Waternaux, C., & Newberger, E. (1993). Mothers of sexually abused children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry*, 63(1), 92-102. doi: 10.1037/h0079398.

- Nezami, E., & Butcher, J. N. (2000). Objective Personality Assessment. In G. Goldstein and M. Hersen (Eds), *Handbook of Psychological Assessment, Third Edition* (pp. 413-435). Oxford, UK: Elsevier Science Ltd.
- Nichols, D. S. (2001). *Essentials of MMPI-2 Assessment*. New York, NY: John Wiley & Sons.
- Oaksford, K. L., & Frude, N. (2001). The prevalence and nature of child sexual abuse: evidence from a female university sample in the UK. *Child Abuse Review*, 10(1), 49-59. Retrieved from [https://onlinelibrary.wiley.com/doi/epdf/10.1002/car.663?saml\\_referrer](https://onlinelibrary.wiley.com/doi/epdf/10.1002/car.663?saml_referrer).
- \*\*Oates, R. K., Tebbutt, J., Swanston, H., Lynch, D. L., & O'Toole, B. I. (1998). Prior childhood sexual abuse in mothers of sexually abused children. *Child Abuse and Neglect*, 22(11), 1113-1118. doi: 10.1016/S0145-2134(98)00091-X.
- \*\*Ornduff, S. R., Kelsey, R. M., & O'Leary, K. D. (2001). Childhood physical abuse, personality, and adult relationship violence: A model of vulnerability to victimization. *American Journal of Orthopsychiatry*, 71(3), 322-331. doi: 10.1037/0002-9432.71.3.322.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology*, 135(1), 17-36. doi: 10.1080/00223980109603677.
- \*\*Paredes, M., Leifer, M., & Kilbane, T. (2001). Maternal variables related to sexually abused children's functioning. *Child Abuse and Neglect*, 25(9), 1159-1176. doi: 10.1016/s0145-2134(01)00268-x.
- Parker, H., & Parker, S. (1986). Father-daughter sexual abuse: An Emerging Perspective. *American Journal of Orthopsychiatry*, 56, 531-549. doi: 10.1111/j.1939-0025.1986.tb03486.x.
- \*\*Perepletchikova, F., Ansell, E., & Axelrod, S. (2012). Borderline personality disorder features and history of childhood maltreatment in mothers involved with child protective services. *Child Maltreatment*, 17(2), 182-190. doi: 10.1177/1077559512448471.
- \*Peterson, R. F., Basta, S. M., & Dykstra, T. A. (1993). Mothers of molested children: Some comparisons of personality characteristics. *Child Abuse and Neglect*, 17(3), 409-418. doi: 10.1016/0145-2134(93)90064-C.
- Petticrew, M. & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide*. Oxford, UK: Blackwell.

- Philpot, T. (2008). *Understanding Child Abuse: Partners of child sexual offenders tell their stories*. Oxon, UK: Routledge.
- \*\*Pintello, D. A. (2000). *Intrafamilial child sexual abuse: Characteristics that predict maternal belief and protective action among non-offending mothers* (Unpublished doctoral dissertation). University of Maryland, Baltimore.
- \*\*Pintello, D., & Zuravin, S. (2001). Intrafamilial child sexual abuse: predictors of postdisclosure maternal belief and protective action. *Child Maltreatment*, 6(4), 344-352. doi: 10.1177/1077559501006004007.
- \*\*Plummer, C. A. (2006a). Non-Abusive Mothers of Sexually Abused Children: The Role of Rumination in Maternal Outcomes. *Journal of Child Sexual Abuse*, 15(2), 103-122. doi: 10.1300/J070v15n02\_07
- \*\*Plummer, C. A. (2006b). The Discovery Process: What Mothers See and Do in Gaining Awareness of the Sexual Abuse of Their Children. *Child Abuse and Neglect*, 30(11), 1227-1237. doi: 10.1016/j.chiabu.2006.05.007.
- Pope, K. S., Butcher, J. N., & Seelen, J. (2006). *The MMPI, MMPI-2, & MMPI-A in court: A practical guide for expert witnesses and attorneys*. American Psychological Association. doi: 10.1037/11437-000.
- \*\*Prinzle, P., Stams, G. J., Dekovic, M., Reijntjes, A. H. A., & Belsky, J. (2009). The relation between parent personality and parenting: A metaanalytic review. *Journal of Personality and Social Psychology*, 97, 351-362. doi: 10.1037/a0015823.
- \*\*Quinnell, F. A., & Bow, J. N. (2001). Psychological tests used in child custody evaluations. *Behavioral Sciences & the Law*, 19(4), 491-501. doi: 10.1002/bsl.452.
- Rascovsky, M. W., & Rascovsky, A. (1950). On consummated incest. *International Journal of Psychoanalysis*, 31, 42-47. Retrieved from <https://www.pep-web.org/document.php?id=ijp.031.0042a>.
- Reid, M., Landesman, S., Treder, R., & Jaccard, J. (1989). "My Family and Friends": Six- to twelve-year-old children's perceptions of social support. *Child Development*, 60(4), 896-910. Doi: 10.2307/1131031.
- \*\*Roche, D. N., Runtz, M. G., & Hunter, M. A. (1999). Adult attachment: A mediator between child sexual abuse and later psychological adjustment. *Journal of Interpersonal Violence*, 14(2), 184-207. doi: 10.1177/088626099014002006.



- Roche, N., Reddel, H. K., Agusti, A., Bateman, E. D., Krishnan, J. A., Martin, R. J., . . . Price, D. (2013). Integrating real-life studies in the global therapeutic research framework. *The Lancet*, *1(10)*, 29-30. doi: 10.1016/S2213-2600(13)70199-1.
- Roese, N. J., & Vohs, K. D. (2012). Hindsight Bias. *Perspectives on Psychological Science*, *7(5)*, 411-426. doi: 10.1177/1745691612454303.
- Salt, P., Myers, M., Coleman, L., & Sauzier, M. (1990). The myth of the mother as "accomplice" to child sexual abuse. In B. Gomes-Schwartz, J. M. Horowitz, A. P. Cardarelli (Eds). *Child sexual abuse*, pp. 109-131. Newbury Park, CA: Sage Publications.
- \*\*Santa-Sosa, E. J., Steer, R. A., Deblinger, E., & Runyon, M. K. (2013). Depression and Parenting by Nonoffending Mothers of Children Who Experienced Sexual Abuse. *Journal of Child Sexual Abuse*, *22(8)*, 915-930. doi: 10.1080/10538712.2013.841309.
- \*\*Schouw, J. E. M. C., Verkes, R. J., Schene, A. H., & Schellekens, A. F. A. (2020). The relationship between childhood adversity and adult personality revealed by network analysis. *Child Abuse and Neglect*, *99*, 1. doi: 10.1016/j.chiabu.2019.104254.
- Scott, C. L., & Resnick, P. J. (2006). Violence risk assessment in persons with mental illness. *Aggression and Violent Behaviour*, *11(6)*, 598-611. doi: 10.1016/j.avb.2005.12.003
- \*Scott, R. L., & Stone, D. A. (1986). MMPI profile constellations in incest families. *Journal of Consulting and Clinical Psychology*, *54(3)*, 364-368. doi: 10.1037/0022-006X.54.3.364.
- Sedgwick, P. (2014). Retrospective cohort studies: advantages and Disadvantages. *British Medical Journal*, *348(g1072)*, 1-2. doi: 10.1136/bmj.g1072.
- \*\*Shadoin, A. L., & Carnes, C. N. (2006). Comments on How Child Protective Services Investigators Decide to Substantiate Mothers for Failure-to-Protect in Sexual Abuse Cases. *Journal of Child Sexual Abuse*, *15(4)*, 83-95. doi: 10.1300/J070v15n04\_05.
- Shipley, W. C., Gruber, C. P., Martin, T. A., & Klein, A. M., (2009). *Shipley-2 Manual*. Los Angeles, CA: Western Psychological Services.
- \*\*Singh Narang, D., & Contreras, J. M. (2000). Dissociation as a mediator between child abuse history and adult abuse potential. *Child Abuse and*

- Neglect*, 24(5), 653-665. Retrieved from <http://isiarticles.com/bundles/Article/pre/pdf/62409.pdf>.
- \*\*Sirles, E. A., & Franke, P. J. (1989). Factors influencing mothers' reactions to intrafamily sexual abuse. *Child Abuse and Neglect*, 13(1989), 131-139. doi: [https://doi.org/10.1016/0145-2134\(89\)90036-7](https://doi.org/10.1016/0145-2134(89)90036-7).
- \*Smith, D. W., & Saunders, B. E. (1995). Personality characteristics of father/perpetrators and nonoffending mothers in incest families: Individual and dyadic analyses. *Child Abuse and Neglect*, 19(5), 607-617. Retrieved from <https://pdf.sciencedirectassets.com/271783/1-s2.0-S0145213400X00142/1-s2.0-0145213495000195/>.
- Smith, D. W., Sawyer, G. K., Heck, N. C., Zajac, K., Solomon, D., Self-Brown, S., ... & Ralston, M. E. (2017). Psychometrics of a child report measure of maternal support following disclosure of sexual abuse. *Journal of child sexual abuse*, 26(3), 270-287. doi: 10.1080/10538712.2017.1296915.
- Smith, D. W., Sawyer, G. K., Jones, L. M., Cross, T., McCart, M. R., & Ralston, M. E. (2010). Mother reports of maternal support following child sexual abuse: Preliminary psychometric data on the Maternal Self-report Support Questionnaire (MSSQ). *Child Abuse and Neglect*, 34(10), 784-792. doi: 10.1016/j.chiabu.2010.02.009.
- \*\*Smith, C. L., Spinrad, T. L., Eisenberg, N., Payne, T., Gaertner, K., & Maxon, B. M. E. (2007). Maternal personality: Longitudinal relations to parenting behavior and maternal emotional expressions toward toddlers. *Parenting: Science and Practice*, 7, 305-329. doi: 10.1080/15295190701498710.
- \*\*Sneddon, H., Iwaniec, D., & Stewart, M. C. (2010). Prevalence of childhood abuse in mothers taking part in a study of parenting their own children. *Child Abuse Review*, 19(1), 39. doi: 10.1002/car.1078.
- [Social Science Statistics]. (n.d.). Retrieved from <https://www.socscistatistics.com/tests/studentttest/default.aspx>.
- Spaccarelli, S., & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse and Neglect*, 19(9), 1171-1182. doi: 10.1016/0145-2134(95)00077-L.
- Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., Knafo, H., . . . Murphy, A. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural*, 48(1), 32-38. doi: 10.1037/cbs0000034.

- \*\*Stepp, S. D., Whalen, D. J., Pilkonis, P. A., Hipwell, A. E., & Levine, M. D. (2012). Children of Mothers with Borderline Personality Disorder: Identifying Parenting Behaviors as Potential Targets for Intervention. *Personality Disorders: Theory, Research, & Treatment*, 3(1), 76-91. doi: 10.1037/a0023081.
- Stitt, S. (2007). Non-offending Mothers of Sexually Abused Children: The Hidden Victims. *The Institute of Technology Blanchardstown Journal*, 8(1), 13-37. doi: 10.21427/D7016T.
- \*\*Strand, P. S., White, R., & Touster, L. O. (1998). Formal characteristics of narratives as predictors of maladaptive parenting. *Journal of Child and Family Studies*, 7(2), 171-186. doi: 10.1023/A:102299113224
- \*\*Stredny, R. V., Archer, R. P., & Mason, J. A. (2006). MMPI-2 and MCMI-III characteristics of parental competency examinees. *Journal of Personality Assessment*, 87, 113-115. doi: 10.1207/s15327752jpa8701\_10.
- \*\*Szepesenwol, O., Simpson, J. A., Griskevicius, V., & Raby, K. L. (2015). The Effect of Unpredictable Early Childhood Environments on Parenting in Adulthood. *Journal of Personality & Social Psychology*, 109(6), 1045-1067. doi: 10.1037/pspi0000032.
- \*\*Tamraz, D. N. (1996). Nonoffending mothers of sexually abused children: Comparison of opinions and research. *Journal of Child Sexual Abuse*, 5(4), 75-104. doi:10.21427/D7016T.
- \*\*Tavkar, P. (2010). *Psychological and Support Characteristics of Parents of Child Sexual Abuse Victims: Relationship with Child Functioning and Treatment* (Unpublished doctoral dissertation). University of Nebraska, Lincoln.
- \*\*Thompson, A. J. (2017). *The lived experience of non-offending mothers in cases of intrafamilial child sexual abuse: Towards a preliminary model of loss, trauma and recovery* (Unpublished doctoral dissertation). The Edith Cowan University, Perth.
- Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse and Neglect*, 23(9), 929-945. doi: 10.1016/s0145-2134(99)00056-3.

- van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review, 33*(6), 772-781. doi: 10.1016/j.cpr.2013.05.006.
- \*\*Varia, R., Abidin, R. R., & Dass, P. (1996). Perceptions of abuse: effects on adult psychological and social adjustment. *Child Abuse and Neglect, 20*(6), 511-526. doi: 10.1016/0145-2134(96)00033-6.
- \*\*Vieth, V. I. (2006). Commentary on How Child Protective Service Investigators Decide to Substantiate Mothers for Failure-to-Protect in Sexual Abuse Cases. *Journal of Child Sexual Abuse, 15*(4), 105-110. doi: 10.1300/J070v15n04\_07.
- \*\*Wagner, W. G. (1991). Depression in mothers of sexually abused vs mothers of non-abused children. *Child Abuse and Neglect, 15*(1-2), 99-104. doi: 10.1016/0145-2134(91)90094-t.
- Ward, T., & Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law, 8*(4), 319-351. doi: 10.1080/10683160208401823.
- Wechsler, D. (2008). *Wechsler Adult Scale of Intelligence – Fourth Edition (WAIS-IV)*. San Antonio, TX: NCS Pearson.
- Wechsler, D. (2011). *Wechsler Abbreviated Scale of Intelligence – Second Edition (WASI-II)*. San Antonio, TX: NCS Pearson.
- Wickrama, K. A. S., & Noh, S. (2010). The long arm of community: The influence of childhood community contexts across the early life course. *Journal of Youth and Adolescence 39*(8), 894–910. doi:10.2307/2137258.
- Wilcox, D. T. (2000). Psychometric testing in care and family proceedings. *Family Law, 30*, 268-271.
- Wilcox, D. T. & Donathy, M. L. (2020). Preparing psychological reports for legal proceedings. *Forensic Update, 134*, 28-33.
- Williams L. M., & Finkelhor, D. (1990). The Characteristics of Incestuous Fathers. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds). *Handbook of Sexual Assault* (pp. 231-255). Applied Clinical Psychology. Springer: Boston, MA
- \*\*Wilson, M. K. (1995). A preliminary report on ego development in nonoffending mothers of sexually abused children. *Child Abuse and Neglect, 19*(4), 511-518. doi: [https://doi.org/10.1016/0145-2134\(95\)00001-O](https://doi.org/10.1016/0145-2134(95)00001-O).

- Wright, J., Friedrich, W. N., Cyr, M., Theriault, C., Perron, A., Lussier, Y., & Sabourin, S. (1998). The evaluation of Franco-Quebec victims of child sexual abuse and their mothers: The implication of a standard assessment protocol. *Child Abuse and Neglect*, 22(1), 9-23. doi: 10.1016/s0145-2134(97)00129-4.
- Wyatt, G. A., & Mickey, M. R. (1988). Ameliorating the effects of child sexual abuse: An exploratory study of support by parents and others. *Journal of Interpersonal Violence*, 2(4), 403-414. doi: 10.1177/088626058700200406.
- Zachar, P., Stoyanov, S. D., Aragona, M., & Jablensky, A. (2015). *Alternative Perspective on Psychiatric Validation (International Perspectives in Philosophy and Psychiatry): DSM, ICD, RDoC, and Beyond (International Perspectives in Philosophy & Psychiatry)*. Oxford, UK: Oxford University Press.
- \*\*Zanarini, M. C., Williams, A. A., Lewis, R. E., Reich, R., Vera, S. C., Marino, M. F., . . . Frankenburg, F. R. (1997). Reported pathological childhood experiences associated with the development of borderline personality disorder. *The American Journal of Psychiatry*, 154(8), 1101-1106. doi: 10.1176/ajp.154.8.1101.
- Zajac, K., Ralston, M. E., & Smith, D. W. (2015). Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up. *Child Abuse and Neglect*, 44, 66-75. doi: 10.1016/j.chiabu.2015.02.011.
- Zigmond, A. S., & Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica*, 67(6), 361-370. doi: 10.1111/j.1600-0447.1983.tb09716.x
- Zuelzer, M. B., & Reposa, R. E. (1983). Mothers in incestuous families. *International Journal of Family Therapy* 5, 98-110. doi: 10.1007/BF00924437.
- \*\*Zuravin, S. J., & Fontanella, C. (1999). Parenting behaviors and perceived parenting competence of child sexual abuse survivors. *Child Abuse and Neglect*, 23, 623-632. doi:10.1016/S0145-2134%2899%2900045-9.
- Zuravin, S., McMillen, C., DePanfilis, D., & Risley-Curtiss, C. (1996). The intergenerational cycle of child maltreatment: Continuity versus discontinuity. *Journal of interpersonal violence*, 11(3), 315-334. doi: 10.1177/088626096011003001.

## Appendices

### Appendix I: Search syntax

Databases	Syntax
Ovid; PsychINFO; Medline; Embase; PsychArticles.	(1. Mother* 2. Caregiver NOT Father 3. NOP* 4. Non offending partner* 5. Non-offending partner* 6. Non offending mother* 7. Non-offending mother*) #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 AND (8. Fail* 9. Negligen* 10. Neglect*) #8 OR #9 OR #10 AND (11. Protect* 12. Safe* 13. Shield 14. Defend*) #11 OR #12 OR #13 OR #14 AND 15. Child* AND (16. Harm 17. Abuse 18. Hurt 19. Pain 20. Traum* 21. Suffer*) #16 OR #17 OR #18 OR #19 OR #20 OR #21 AND (22. Personality 23. Personality assess* 24. Personality inventor* 25. Personality question* 26. Personality tool 27. Personality measur* 28. Psycholog* assess* 29. Personality psychometric*. 30. Personlaity test* 31. Personality analys* 32. Personality evaluat* 33. Personality judge*) #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 AND (34. Differen* 35. Character* 36. Trait 37. Pattern 38. Feature 39. Present* 40. Disorder 41. Elevat* 42. Diagnos* 43. Observ* 44. Disposition 45. Psyche 46. Identi*) #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46
Proquest: ASSIA; Cochrane Library; and Campbell Library; Web of Science.	ab(mother*) AND ab(fail*) OR ab(negl*) AND ab(protect*) OR ab(safe*) AND ab(child*) AND ab(harm*) OR ab(abus*) OR ab(Trum*) AND ab(personalit*)  TS=(mother* OR care* OR partner* AND fail* OR negl* AND protect* OR safe* AND child* AND harm* OR abus* OR Trum* AND personalit*)) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)

## Appendix II: *Inclusion and exclusion form*

Full reference:

Inclusion criteria	met?	comments
Population:		
<ul style="list-style-type: none"> <li>Non-offending mothers/partners of men abusive towards children/NOPs?</li> </ul>	Yes/No	
Exposure:		
<ul style="list-style-type: none"> <li>Administered personality measure</li> </ul>	Yes/No	Which measure?
<ul style="list-style-type: none"> <li>Psychological assessment</li> </ul>	Yes/No	
<ul style="list-style-type: none"> <li>Parenting assessment</li> </ul>	Yes/No	
<ul style="list-style-type: none"> <li>Research only</li> </ul>	Yes/No	
Outcome:		
<ul style="list-style-type: none"> <li>Personality characteristics</li> </ul>		How measured?
Study Type:		
<ul style="list-style-type: none"> <li>Case control</li> </ul>		Which?
<ul style="list-style-type: none"> <li>Cohort</li> </ul>		
Exclusion:		
<ul style="list-style-type: none"> <li>Non-primary research</li> </ul>	Yes/No	
<ul style="list-style-type: none"> <li>Language other than English?</li> </ul>	Yes/No	
<ul style="list-style-type: none"> <li>Pre-dates 1980?</li> </ul>	Yes/No	
Conclusion:	Included/Excluded	

### Appendix III: Quality Assessment Form

#### Quality assessment form: Cohort or Case Study

Source database:

Full reference:

Question	Score			Comments
	Y(2)	P(1)	N(0)	
	U			
<i>Study design</i>				
Were the study objectives clear?				
Would a cohort/case control address the objectives?				
<i>Selection bias</i>				
Was the sample recruited in an acceptable way?				
Was the sample representative?				
<i>Measurement bias</i>				
Was exposure uniform to all?				
Was the personality inventory clearly described?				
Was face/ construct/ content validity discussed?				
Was reliability measured using Cronbach Alpha?				
Was inter-rater reliability assessed?				
Was the norming population described?				
Was the tool appropriate for the sample?				
Was the outcome clearly stated?				
<i>Results</i>				
Was concurrent validity discussed/addressed?				
Are the results reliable?				
Do results fit with other available evidence?				
Can the results be generalised?				
<i>Outcome bias</i>				
Were personality characteristics clearly reported?				
Were confounding factors discussed/taken into account?				
Are the inferences made from the tool appropriate, meaningful, and useful?				



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*Attrition*

Was drop-out/non-completion rate recorded?

Was drop-out/non-completion stage discussed?

Quality score = \_\_\_\_/42

Quality assessment form adapted from the Critical Appraisal Skills Programme (CASP, 2018). Studies were scored as follows, in relation to each question:

0=condition not met

1=condition partially met

2=condition fully met

U=unclear/insufficient information provided.

Scores were summed in order to obtain an overall quality rating, with higher scores indicating better quality studies.

#### **Appendix IV: *Data Extraction Form***

The following information was extracted from each included study for inclusion in Tables 2.1 to 2.5:

1. Authors of study and date.
2. Description of participants and recruitment method
3. Sample size
4. Victim information (e.g. age/number of children)
5. Perpetrator type (e.g. relationship to victim/non-offending guardian).
6. Description of a comparator examined in study (if used).
7. Personality measure(s) used in study.
8. Summary of main findings.
9. Quality assessment score of paper (see Appendix III).

## Appendix V: Excluded studies (n=87)

No.	Author(s) & date	Source	Reason(s) for exclusion
1	Adams et al. (2018)	Electronic d/base	Did not include non-offending mothers
2	Alexander & Lupfer (1987)	Manual ref search	Population was students
3	Avery et al. (1998)	Electronic d/base	Includes parents, not non-offending mothers / personality not assessed
4	Baril et al. (2016)	Electronic d/base	Personality was not assessed
5	Bathurst et al. (1997)	Manual ref search	Did not include non-offending mothers
6	Beach et al. (2013a/b)	Electronic d/base	Looks at genetics of those sexually abused, not NOPs
7	Bidarra et al. (2016)	Electronic d/base	Did not include non-offending mothers or personality information
8	Bolen (2003)	Manual ref search	Literature review and did not discuss the measure of personality features
9	Bolen & Lamb (2007)	Electronic d/base	Only distress measured the SCL-90-R was taken into account, not personality characteristics.
10	Bolen et al. (2015)	Electronic d/base	Qualitative study
11	Bow et al. (2010)	Manual ref search	A survey of psychologists' preferences
12	Brock et al. (1997)	Electronic d/base	Related to abused women, rather than non-offending mothers and measured distress
13	Carr et al. (2005)	Electronic d/base	Study conducted to view responding behaviour of parents
14	Cerezo et al. (1996)	Electronic d/base	Did not include non-offending mothers
15	Chard et al. (2003)	Electronic d/base	No reference to mothers, parenting or motherhood
16	Clarke et al. (2000)	Electronic d/base	Looks at mother's personality in relation to their parenting, not NOPs
17	Crawford (1999)	Electronic d/base	Literature review
18	Culp et al. (1989)	Manual ref search	Abusive and neglectful mothers compared with controls
19	Cyr et al. (2016)	Electronic d/base	Personality was not assessed
20	Davies (1995)	Electronic d/base	Looks at distress and depression in parents, not personality in non-offending mothers
21	de Paul & Domenech (2000)	Electronic d/base	Abuse potential in mothers of varying ages
22	Deblinger et al. (1993)	Electronic d/base	Full text could not be obtained
23	Deblinger et al. (1994)	Electronic d/base	Full text could not be obtained
24	Deblinger et al. (1998)	Electronic d/base	Only distress measured by the GSI on the SCL-90-R was taken into account, not personality characteristics
25	Elhai et al. (2001)	Electronic d/base	Did not include non-offending mothers
26	Elliott & Carnes (2001)	Electronic d/base	Literature review
27	Ethier et al. (1995)	Electronic d/base	PSI and BDI with French-speaking mothers
28	Faridah & Kangas (2018)	Electronic d/base	Psychological, but not personality, assessments of Pilipino women
29	Fontaine & Nolin (2012)	Electronic d/base	Looks at parents accused of child abuse, compared with those who haven't been
30	Francis et al. (1992)	Electronic d/base	Did not include non-offending mothers
31	Friedrich (2002)	Manual ref search	Book about psychological assessment including no relevant chapters
32	Gambetti et al. (2019)	Electronic d/base	Did not differentiate between offending / NOPs or mothers / fathers
33	Goldblatt et al. (2014)	Electronic d/base	Qualitative study of Israeli women
34	Halperin (2017)	Grey literature	Full text could not be obtained
35	Hiebert-Murphy (1998)	Manual ref search	Personality not measured, distress used alone to look at NOPs experience of CSA and social support
36	Hiebert-Murphy (2000)	Electronic d/base	Personality not measured
37	Hiraoka et al. (2016)	Electronic d/base	Looks at fathers
38	Horton & Johnson (1993)	Electronic d/base	Did not include non-offending mothers and personality
39	Howard (1993)	Electronic d/base	Literature review
40	Hughes & Cossar (2016)	Electronic d/base	Systematic review – doesn't look at personality
41	Killen Heap (1991)	Electronic d/base	Longitudinal of children to adolescents
42	Kim et al. (2007)	Electronic d/base	Not administered an assessment of personality
43	Kim et al. (2010)	Electronic d/base	Not administered an assessment of personality
44	Kinard (1996)	Electronic d/base	Full text could not be obtained

45	Koçtürk & Yüksel (2019)	Electronic d/base	Looks at Turkish families
46	Koraneck (1996)	Grey literature	Full text could not be obtained
47	Kuo et al. (2015)	Electronic d/base	Student population
48	Kouyoumdjian et al. (2009)	Electronic d/base	Personality not looked at. Parental expectations of how abuse would affect their children
49	Lewin & Bergin (2001)	Manual ref search	Personality not measured. Looks at anxiety, depression and attachment behaviours in NOPS
50	Linde-Krieger & Yates (2018)	Electronic d/base	Looked at mothers' histories of child sexual abuse, not personality.
51	Mandel et al. (1994)	Electronic d/base	The views of professionals
52	Manion et al. (1998)	Electronic d/base	Did not look at NOPS
53	McCabe (2014)	Electronic d/base	Meta-analysis rather than directly gathering the personality information of NOPS through cohort or case control
54	McCallum (2001)	Manual ref search	Qualitative study
55	McGillivray et al. (2018)	Electronic d/base	Personality not measured
56	McMillan (2013)	Grey literature	Qualitative study
57	Oates et al. (1998)	Electronic d/base	Study of the sexually abused children
58	Ornduff et al. (2001)	Electronic d/base	Did not look at non-offending mothers
59	Paredes et al. (2001)	Electronic d/base	Personality not measured
60	Pereplechikova et al. (2012)	Electronic d/base	Mothers were involved with child protection services through risk of being harmer, not NOPS
61	Pintello (2000)	Grey literature	Looks at belief and protection
62	Pintello & Zuravin (2001)	Electronic d/base	Looks at belief and protection
63	Plummer (2006a)	Manual ref search	Not non-offending mothers and looks at rumination, not personality
64	Plummer (2006b)	Electronic d/base	Looked at self-report of how mothers came to learn of abuse
65	Prinz et al. (2009)	Manual ref search	Parenting, but not relating to child abuse
66	Quinnell & Bow (2001)	Manual ref search	A survey of psychologists' preferences
67	Roche et al. (1999)	Electronic d/base	Student population
68	Santa-Sosa et al. (2013)	Electronic d/base	Personality not measured
69	Schouw et al. (2020)	Electronic d/base	Did not look at non-offending mothers
70	Shadoin & Carnes (2006)	Electronic d/base	Commentary paper
71	Singh Narang & Contreras (2000)	Electronic d/base	Student population
72	Sirles & Franke (1989)	Electronic d/base	Looked at the mother believing the child, not personality
73	Smith et al. (2007)	Manual ref search	Mothers, but not necessarily of abused children
74	Sneddon et al. (2010)	Electronic d/base	Child maltreatment measured, used childhood trauma questionnaire
75	Stepp et al. (2012)	Electronic d/base	Overview of interventions
76	Strand et al. (1998)	Electronic d/base	Did not include non-offending mothers and looked at maladaptive parenting
77	Stredny et al. (2006)	Manual ref search	Parents in child custody litigation
78	Szepeswol et al. (2015)	Electronic d/base	Did not include non-offending mothers or personality information
79	Tamraz (1996)	Electronic d/base	Qualitative study
80	Tavkar (2010)	Grey literature	Only distress measured by the GSI on the SCL-90-R was taken into account, not personality characteristics
81	Thompson (2017)	Grey literature	Qualitative study
82	Varia et al. (1996)	Electronic d/base	Parents administered questionnaires assessing maltreatment and self-esteem
83	Vieth (2006)	Grey literature	Commentary paper
84	Wagner (1991)	Electronic d/base	Personality not measured
85	Wilson (1995)	Electronic d/base	Personality not measured
86	Zanarini et al. (1997)	Electronic d/base	Inpatients with BPD
87	Zuravin & Fontanella (1999)	Manual ref search	Parental competence and behaviour as contributor

*excluded abstracts*

*excluded full papers*